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ORIGINAL ARTICLES.

SOME PECULIAR EFFECTS OF QUININE UPON CUTANEOUS AND MUCOUS SURFACES.*

By E. P. FOWLER, M.D., NEW YORK.

When there exists a markedly characteristic idiosyncrasy in response to any certain remedy, which is so frequent in occurrence that three or four instances will fall within the observation of any one medical practitioner, it is perhaps not unreasonable to presume that such medicinal action is rare only by comparison, and that directing a more general attention to the subject is all that will be necessary to elicit instances sufficient in number to establish such phenomena as constituting a part of the legitimate pathogenesis of the drug.

It is chiefly with such purpose that I offer to you these brief memoranda respecting a peculiar result from the administration of *quinine*.

Case No. 1. L., gentleman, 34 years of age; full habit, dark hair and eyes, dark complexion. Had a history some ten years ago, of which, however, there have been no traces for six years past.

On Sunday, Jan. 28, 1883, the patient took four grains of *bisulph. quinine*. Twenty-four hours after (on Monday) there came bright red patches over the wrists, forearms, knees and ankles, varying in diameter from a half-inch to two inches. They were surrounded by a colorless border, about a quarter-inch in width, and were attended by severe burning sensation, though no itching. The entire appearance resembled very greatly the result of a bee-sting. In forty-eight hours (on Tuesday) the spots came to have a mixture of bluish and yellow colors, and with some of them very considerable sacs of fluid had collected beneath the epidermis. The fluid was amber in color, alkaline in reaction, and contained about 25 per cent of albumen.

On Wednesday (end of third day) inflammation had materially disappeared and the unopened bullæ began to shrivel. During the first two days the temperature of the patient, under the tongue, made slight variations from 101° F. On this, the third day, it fell to 99½°. The pulse was at no time much above the normal.

During the first two days there was also some nausea and a little inclination to diarrhoea.

On the 4th day (Thursday) the places were rapidly drying; temperature and the various functions quite normal.

Friday, the fifth day, the spots of raised cuticle peeled off.

The foregoing is a fair epitome of what had occurred seven or eight different times before, always distinctly attributable to the use of *quinine*, and on two different occasions the amount taken was a half grain. The dark, bruised look does not disappear from the skin short of full three months.

* Read before the New York Medico-Chirurgical Society, March 13, 1883.

These *quinine* results had nothing to do with the history belonging to the case, inasmuch as none of the attacks occurred previously to that incident.

The patient exhibited none of the ordinary symptoms of *quinine* poisoning.

The father of the patient was a subject of the most inveterate eczema and asthma, and the two seemed to be different modes of the same malady; that is, the one would suspend the other. The mother was also an asthmatic. Both of them could take *quinine* with apparent good results.

The patient himself is subject to temporary mild attacks of eczema and to short breath.

Case No. 2. Miss M. P., lady, æt. 46; never married. Dark eyes, hair and complexion, slight build. Have attended her in three different attacks, the last one being in 1879, commencing upon May 15.

She had been twice poisoned from the effects of *quinine* before she became my patient.

Shortly after she first came under my professional care, I one day gave her two grains of the *bisulphate of quinine* before each meal (six grains in all). The next day there appeared over the upper part of the breast, upon the arms and about the knees, patches of angry looking inflammation, studded with little watery yellow vesicles.

There was a sharp fever—I have no record of the exact temperature—and some diarrhoea. In point of time the eruption pursued the same course as in the case just detailed, and the eruption continued for some weeks.

At this time the patient did not inform me that she had twice before been affected in a similar manner, and I therefore did not associate the eruption, etc., with the taking of the *quinine*.

The next fall I again, one day, gave her six grains of *quinine*, with a repetition, essentially, of the results just described. She then told me that she had undergone two similar experiences before she came under my treatment, and I, of course, advised her against any future use of *quinine*. The last time, in May 1879, she was again affected in the same manner. She said she had taken no *quinine*, and it was only after some expert investigation that I fell upon the fact that she had, just before the trouble appeared, taken some *elixir of calisaya*. I was sufficiently interested to visit the druggist where the *calisaya* was obtained and was confidentially informed that it contained *sulphate of quinine*.

Since that time, I have, upon several different occasions, given to the patient *tinct. of cinchona*, but with no similar results.

This case was also subject to humid asthma, more particularly during the spring months. Until 12 or 13 years of age she was afflicted with *tinea capitis*, and all her life has had what she terms salt rheum of the hands and legs. She says, that her father was "badly troubled with salt rheum upon his legs, as long as she can remember." Her mother died when she was an infant, and of her constitution she knows nothing. An only aunt, on the mother's side, has always been asthmatic.

Case No. 3. Mrs. J. G. F., æt. about 60; has had several children, has gray eyes, dark hair (now gray), and complexion inclined to brunette. Father and two aunts were asthmatic.

She herself has always had more or less eczema of eyes, nose, ears, hands and abdomen.

The lady became a patient of mine about 20 years ago. A year or two after that time, she took, of her own accord, some *quinine*, for the purpose of breaking up what she supposed to be fever and ague. She was at that time in the country, and I did not see her; but she described the effect as a "chicken-pox, or a poison-ivy eruption all over the body, especially upon the arms and legs, which lasted the greater part of a week." The patient was so firmly convinced that it was due to the *quinine* that nothing would afterward induce her to take it.

Some four seasons ago she was in the country, and had occasion to call in medical aid. The doctor was told that she could not take *quinine*, but regarding it as a whim, he gave her six or eight grains without her knowledge. A few hours after, she was taken with severe vomiting, and the next day blotches came out over various parts of the body, more especially upon the arms and legs. Some of them were vesiculated, and two at least formed blisters containing fluid. The recovery was much the same as in the other cases I have given, only it occupied some eight or nine days.

Case No. 4. Mr. J. H. This case is that of a gentleman who was under the professional care of the late Dr. John F. Gray many years ago, and who is now deceased. From his brother I obtained the following particulars:

The gentleman was a spare man, middle aged, blue eyes, brown hair, dark eyebrows and beard, with a clear, white complexion. He was a Southern planter, and had repeatedly resorted to the use of *quinine* for intermittent fever. The poisonous results in the way of eruption and asthma were invariable, and they had often been endured because the *quinine* would break the ague promptly, and the unpleasant effect of the drug would never last longer than six or ten days.

In this case, the eruption and asthma would not appear before the second day, 48 hours after commencing the *quinine*. The following is an extract from a letter written by his brother:

"My Dear Sir:

"I have to rely altogether on my memory about Jerry's case, and so you must not expect it to be very full or satisfactory.

"I know that he used to take *quinine* to break up the chills and fever, and every time he did so it brought out an eruption like blisters all over him, and gave him bad asthmas.

"I thought the cure was worse than the disease, but he did it because the *quinine* would stop the ague, and the blisters and asthma would go away in about a week or so. He never had the salt rheum or tetter, nor the asthma at any other time, but I have had a kind of moist tetter—so the doctors call it—almost since I can remember, and our father had both tetter and phthisis.

"I do not now think of anything more that I can say about brother Jerry, only that blue spots would remain for a long time when the blisters came.

In these four cases, it is evident that the most marked action of the *quinine* was expended upon the outer and inner envelopes of the body—the skin and mucous membrane.

On the skin the field of action seemed to be located between the dermis and epidermis, and the mucous membrane being the anatomical continuation of the skin, it is but natural to conjecture that the morbid processes in the mucous membrane, which are expressed by diarrhoea and asthma, are essentially the same as occur upon the skin.

In eczema, herpes, moist asthma, and in watery, painless diarrhoeas, not very acute in character, I have

found relief to ensue so promptly and so frequently upon the use of small portions of *quinine*—quarter or tenth grain doses—that I am satisfied the taking of the medicine and the subsequent prompt relief were not merely coincident.

I offer these genuine provings for whatever they may be worth. So far as they go, they are of that tangible class from which alone, it seems to me, it is possible to construct a *Materia Medica* which will not be a snare and a bitter delusion.

THE CUMULATIVE TENDENCY OF THE DIPHTHERITIC CONTAGIUM.

BY ROBERT N. TOOKER, M.D.,

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There is a phase in the clinical history of this dread disease which has impressed itself upon me more and more during several years past, and which I have not seen commented on or even mentioned by any of the special writers on the subject. For some time I thought that possibly my experience was unique and accidental, but having talked with a number of my professional brethren in regard to their personal experience in the matter, I find that while their attention had not before been drawn to it, they were almost unanimous in confirming the truth of my own observations.

I refer to the cumulation under certain circumstances, or, perhaps I should say, *intensification*, of the contagious principle of diphtheria, by reason of which a second case in an infected family is pretty sure to be more severe than the primary one. I do not mean to state, by any means, that this is always the case, nor do I mean to have it inferred that the first case in a given family is necessarily mild and the next one severe or fatal; nor again, that a second case always or usually occurs in a family where a number of children are exposed to it. In my experience the rule is that only a single case occurs in a family, however large, and there is a non-extension of the disease to the other members. But in the exceptional cases, where more than one member of the family is attacked successively, if the first case is a mild one, the second case is likely to be a severe and probably a malignant one.

In order to make this point as clear as possible and to demonstrate just what I mean, I have gone over my note books for eight years past and culled out all of the multiple cases of which I have retained a record, and herewith present them in tabulated form:

RECORD OF TWENTY FAMILIES IN WHICH MORE THAN ONE CASE OF DIPHTHERIA OCCURRED CONSECUTIVELY.

No. of Case.	No. sick in family.	Character of primary case.	Result of primary case.	Character of subsequent case.	Result of subsequent case.
1	2	Mild	Recovered	Malignant	Died
2	2	"	"	"	"
3	3	Severe	"	"	1 Recovered
4	2	"	Died	"	Died
5	2	Mild	Recovered	"	Recovered
6	4	"	"	"	"
7	2	"	"	Mild	Recovered
8	3	Severe	"	"	"
9	2	Mild	"	Severe	"
10	2	Severe	"	More severe	"
11	2	"	Died	Malignant	Died
12	2	Mild	Recovered	"	Recovered
13	2	"	"	"	Died
14	2	"	"	Mild	Recovered
15	2	Severe	"	Malignant	"
16	2	Mild	"	"	"
17	3	"	"	"	Died
18	2	"	"	"	Recovered
19	2	"	"	"	"
20	2	"	"	"	"

From this table it will be seen that in fourteen of the twenty families the first case was mild in type. Indeed, in several of these primary cases I was in doubt as to the correctness of my diagnosis until the second and severer case had developed itself. Again, it will be seen that only two of the first cases proved fatal, while seven of the subsequent ones died; while all but two of these latter were either severe or malignant. I use the terms mild, severe and malignant in the positive, comparative and superlative sense.

In only three out of the twenty multiple cases here recorded was the second case milder than the first one.

This is the more significant and impressive, because it is fair to suppose that the physician in attendance upon a first case in a family, knowing the contagious character of the disease, would naturally be on the alert, and more apt to recognize the initial lesion of a second case, than would a parent or even an experienced physician dealing with a sporadic or primary case. Seventeen of these tabulated cases occurred in my own private practice, while in the others I was called in as consulting physician.

If time and space permitted, it would be interesting to describe and analyze all of these cases, but a brief history of two or three will answer my present purpose equally well.

Case No. 2 in the table was a typical one. Miss Jennie M., living with her married sister, who was the mother of one child two years old, was taken ill with diphtheria, November 20, 1880.

The case is recorded as "mild," because there was little or no glandular enlargement, and but little evidence of general blood-poisoning. The urine was slightly albuminous for a time, and ultimately there was some paralysis of the muscles of phonation. On the tonsils, uvula and fauces there was considerable tough characteristic membrane, which did not entirely disappear for upwards of three weeks.

The patient occupied a back room on the second floor, while the family, including the baby, occupied a bedroom off from the parlor below. The child, for two weeks, had been rigidly excluded from the sick room and confined to the parlor floor. During one of my visits, however, the mother having gone to the basement for something, the baby crept upstairs and "peeped" at its aunt through the half-open door. It did not enter the room, and did not stand by the open door for more than a minute. However, it was taken with malignant diphtheria three days later, and died after an illness of a week's duration.

Case 13 is still more to the point. The first case in this family was Mr. A., a broker, father of an only child, a boy seven years old. Mr. A. had just returned from an Eastern trip, and sent for me in the absence of Dr. Ely, his family physician, complaining of a sore throat, which he attributed to a cold taken on a Pullman sleeper. He attached but little importance to it: said he had had dozens of sore throats just like it. Two days later, however, he remarked to me that somehow there was something about this attack which was different from anything he had ever had before. There was worse pain in swallowing, more sense of debility, and yet I had hard work to keep him in bed for even a single day; there was but little deposit on the faucial surfaces; he was decidedly better on the third day, and was out of the house in a week. So mild was this case that, while I insisted upon it that it was genuine diphtheria, I entertained private doubts on the subject. In this case isolation was impossible, because the family was in a boarding house, occupying the back parlor and a bedroom off. However, I had the child kept out of the bedroom, and interdicted kissing and all personal contact even after the father was up and dressed.

Almost a week after discharging this case, I met Mr. A. down town, who told me, on inquiry, that his little boy had a chill that morning, and was not feeling well when he left home. If not better when he returned,

he said he should bring him to my office for some medicine, as he thought he had ague. I heard nothing more of the case for nearly a week, when I was summoned at midnight to come as speedily as possible to Mr. A.'s house to meet Dr. Ely in counsel. On my arrival the most horrible spectacle was presented that I think I ever witnessed. The child was bloated out of all semblance to the beautiful boy I had seen before. His countenance was livid; his eyes wild and rolling, and he was half audibly importuning his half crazy mother to put on his clothes that he might go out and walk. His clothes were not half on when he fell over on the bed a corpse. The duration of his illness was five days, as I learned afterwards from Dr. E.

My friend, Dr. L. C. Grosvenor, had a most lamentable illustration of the correctness of the view here taken in his own family during the past winter, and the history of this case is so full and complete as to origin, cause and course, that I will briefly narrate it. A word as to the sanitary condition of the doctor's residence. It stands on high ground, on sandy soil, is a large and commodious frame residence, so isolated from other dwellings as to have ample light and air on three of its four sides. The basement is high and dry; the yard large and exceptionally clean. The doctor himself is a well-known sanitary expert, and is an intelligent and practical rather than a routine or dogmatic one. The plumbing throughout his house is of the best, and is never allowed to be out of repair. Special ventilating pipes run from basement to chimney tops. In short, a thorough inspection of house and premises convinced me that nothing local could invite the ingress of contagious disease. This was about the state of affairs on the day before last New Year's, when the doctor's youngest child, aged two years, was taken sick with what proved to be diphtheria. Contrary to the usual custom, this child was bathed before breakfast on the morning of the day it was taken sick, in a room which was noticed at the time to be a little cool. About noon the child began to have fever. In the evening it had seven spasms in the course of some four hours. By noon of the next day, or within twenty-four hours of the beginning of the fever, diphtheritic membrane was visible on the tonsils. The true nature of the disease was immediately recognized; the child was isolated from the other children; the disease ran a protracted but typical course, and recovery gradually took place.

Before the disease was recognized as malignant, or I should rather say as contagious, and isolation established, the little girl, nearly two years older, was permitted to play with the sick one, and on Jan. 4, or five days after the beginning of the first case, this second child came down with the same disease, and died four days later. The first case was of the mild or catarrhal form, and, in my opinion, was the product of cold—plus something else, which as yet we do not understand. The second case was a very malignant one, and was undoubtedly communicated from the first case by contagion. There were two other children in the house at the time, who did not take the disease, but they were considerably older than those affected.

I should state that Dr. Grosvenor had not attended a case of diphtheria, nor any of the other infectious or contagious diseases, for more than a month prior to this sickness in his own family. Furthermore, the child that died was, previous to her sickness, a perfect type and picture of infantile health. Her cheeks were ruddy, she was light and agile, full of life and spirits, and the doctor was in the habit of taking her to drive with him for an hour or so almost daily in pleasant weather. Here, then, we have a perfectly healthy child stricken down unto death by contagion arising from or coming from a case of diphtheria of so mild a type that ordinarily we should call it merely a "diphtheritic sore throat."

I am also indebted to Dr. Grosvenor for the history of the following case: In a family consisting of four

children, ranging from two to ten years of age, all of them were successively taken down with diphtheria; the date of their manifesting the first symptoms of the disease varying from two to eight days after the first case became clearly pronounced.

The first case was a mild one, and recovered. The second and third cases died. The fourth case was removed from the infected house before falling ill, but came down the next day, and although recovery took place, it was far more severe than that of the primary case.

Time and space will permit mention of but one case more. Mrs. W., a lady past middle-life, and somewhat broken in general health by child-bearing and chronic ailments, was taken sick with diphtheria, Nov. 17, 1882, and after a tedious illness of some three weeks, died from exhaustion. A lady friend of hers, living a few blocks away, was very attentive during her whole sickness, visiting her almost daily. On the day of her death, she stayed longer than usual from home, and her little ten year old daughter, becoming anxious, went to the house to inquire what had become of her mother. She had been rigidly excluded from the house of the sick lady heretofore, but now was admitted to the hall, in a room off from which lay the corpse. Here she remained for less than five minutes, when her mother accompanied her home. Within three days she was taken ill with malignant diphtheria, and died two days later.

Similar cases to the foregoing could be detailed almost without number, for since the preceding table was prepared, I have heard of numerous other multiple cases in the practice of my brethren of the same character, and showing the same tendency of the poison to intensify itself and communicate a malignant malady when the primary contagion was apparently sporadic or autogenetic in its origin, and the disease itself of the mildest possible type.

In this connection there is a clinical fact of much significance which should be stated, namely: In the large majority of the cases here noted, where the contagion seemed to be intensified as it extended from the initial to the subsequent ones, the cumulative potency or intensification was most marked, *the older in age the person first affected, as compared with the second or subsequent ones.*

It is needless to specify cases in illustration of this fact, for in the cases tabulated there is not a single exception to the rule. I leave others to explain the why and wherefore, contenting myself at present with the simple statement of fact.

In this matter of relationship between mild and malignant diphtheria as herein set forth, has my experience been peculiar and exceptional?

It is a well-known fact that epidemics of all the contagious diseases present great variances and sometimes anomalies. Physicians of equal candor and powers of observation, see cases in the same epidemic and same locality very differently. It may be that my experience has been unique and peculiar, and that of others very different, but so often has this feature of the disease come to my notice that I have come to dread a second case in a family, especially if it occurs in a younger child, far more than I do the first one.

If there is any real foundation for this dread—if there is a grain of truth in the deductions which naturally follow this statement of facts, then it emphasizes the necessity of strict isolation of every primary case occurring in a family where there are other children, and it materially modifies our prognosis in subsequent cases when they occur in such a family.

DR. LAMALLEREE, of Paris, is said to have used the particles taken from the skin of the rabbit for skin-grafting, with complete success. This is the more important, as M. Féréol, also of Paris, has recently added another to the list of cases in which syphilis has been conveyed by skin-grafting.

MASSAGE OF FLESHY PORTIONS OF THE BODY.

BY GEORGE H. TAYLOR, M.D., NEW YORK.

We now come to the examination of the effects of mechanical impressions derived from exterior sources of supply, upon parts beneath the skin, the fleshy masses which include muscles, nerves, vessels, membranes, fluids, cells, etc.

This is a separate consideration from that of the skin, from both mechanical and physiological necessity. For, while to traverse mechanically the nerve endings in the skin causes the highest degree of nutritive incitation in the cerebrospinal axis, and profound ulterior effects in nervous function, it utterly fails to reach mechanically the tissues beneath, or to produce any other effect than is derived from nervous influence. So, on the other hand, such application of mechanical power as is sufficient to reach the underlying tissues, altogether fails to incite nervous activity, but is wholly expended among the muscular parts. The skin is no more affected by unadapted impressions, than are the special senses, as, for example, the ear to light or the eye to sound.

The adaptation of parts of the organism to receive and respond to special impressions, is the foundation of therapeutics, whatever be the source of such impressions, whether by drugs or other means of incitation.

MECHANICAL PROPERTIES OF FLESH.

The fleshy masses constituting the living body have distinct mechanical properties, rendering them suitable for corresponding mechanical impressions, and the consequences arising therefrom. While made up of exceedingly complex vital elements, these fleshy masses have physical properties common to all their complex constituents. These masses are soft, spongy, semi-fluid, elastic, and, to a limited degree, exceedingly mobile in the sense of unfixeness of both the minute anatomical, the fluid and semi-fluid constituent parts.

The fleshy parts are also uniformly pervaded by a complete system of minute conduits for blood, which streams uninterruptedly through, leaving everywhere, however, for local service, some portions of its rich freight, and everywhere receiving an equal amount of freightage, which has parted with its most precious but imponderable and unmeasurable properties, viz., energy.

These fleshy masses also contain a large amount of fluid outside the blood vessels—inter-vascular fluids—physically related much as the water to the sponge that contains it. This fluid is the actual and direct nutritive fluid; it is in contact with the vital muscles and nerves; by it vital organs are fed, and into it spent matter is cast. Being intermediate between the circulating blood and the vital cell, it is a true arena of the contest between the vitality and the obstacles to vital manifestation. The inter-vascular fluid is particularly amenable to physical impressions—readily yields to all mechanical impulses, and is a constant theatre for mechanical activities, as may be shown in a variety of ways; and it is by physical changes wrought in it by appropriate methods, that its fitness for the support of vitality is increased.

The conducting nerves also pass through these fleshy parts, and the quality of the inter-vascular fluid profoundly affects the consciousness through the impression received therefrom.

By far the largest portion of the flesh is constituted of muscle. Muscle has the vital property of motion, which, with intermitting constancy, it communicates to the whole mass. This motion is reciprocating in form, and constantly changes the relative position of all the components of the mass. The motion received by the non-muscular parts of the mass is the same as that given by the muscular portion.

It is readily seen that all physiological processes have a purely physical side, and that this physical or mechanical part of a process is the preponderating and the

indispensable part. This is a point of great significance in therapeutics. It indicates that so far as we can command the mechanical conditions, we control the processes. It is matter, therefore, of great importance that this physical side be well understood; for it affords an indispensable means for the preserving and regaining of health. Drugs have their function and place in therapeutics, but by no means occupy the whole field; transmitted motion has also an important place and scope of application, and the basis for its therapeutic uses should be made plain to the understanding.

TRANSMITTED MOTION.

If motion of the same kind and degree as is produced by muscular action be communicated to a fleshy mass from any other source, say the muscular action of another person, the same, or at least very similar effects follow, as would if the muscular action originated in the fleshy mass to which it is so communicated. The effects flowing from the two sources of power must be indistinguishable so long as there is identity of the form and degree of motion.

If, for example, one or both hands of a person be placed upon any portion of the body of another, and a moderate pressure applied, with a to-and-fro motion, it is plain that the motion is not only communicated to the fleshy mass to which the hands are applied, but to all its distinct constituents of every kind, because the mechanical elasticity of the mass permits the force to become distributed among the separate and distinct constituents; and it is not spent upon the mass as a single unit, but as a multiplicity of units, each of which receives its portion.

If, further, the force thus transmitted be conceived as *measured*, and as being equal to, say, one pound, it is clear that no portion of it is lost, but that it is subdivided among the materials to which it is imparted in accordance with their respective aptitudes to receive it. The unit of activity becomes a multitude of varied fractional activities, whose sum total equals the original expenditure, and is a clear acquisition to the part receiving it.

MUSCULAR MOTIONS AND MASSAGE.

The analogy between the effects on the organism of auto-muscular motions and pressure, and communicated motion and pressure, is the foundation of massage. A definition of the process may be given as follows:

Massage of the soft, yielding, interior portions of the body, is pressure combined with motion applied by the hands of qualified operators, so as to produce the mechanical and chemical changes that are physiologically due.

The organism is replete, with physical provisions already in a state of activity; it is plain that energy of motion transmitted in the way described must follow the identical lines thus pre-established; or rather, that a part of such transmitted energy merges with its special form in the organism, while other portions become changed to other forms of energy. Thus mechanical impulse to the flowing contents of the vessels contributes an *increase to the flow*; but the same displacing two solids in contact under pressure is resolved in part into *heat*; while the same mechanical expenditure in a mixed fluid, as the intervascular fluid, determines *chemical* effect; and the same again, changing the shape of a muscle cell, may incite such interchange of contents as become preliminary to discharge of vito-mechanical energy; or provide a nerve cell with the conditions for its special form of energy.

Whatever be the special modes of distribution of energy imported into the living system, its purpose is to support and carry forward towards perfection all forms of ineffective physiological endeavor. By this means the vital system should be relieved of serious, perhaps insuperable embarrassments, to which, if unaided on the mechanical side of function, it might otherwise succumb.

The ultimate available product of vitality is simply power; all else is incidental and preliminary. To increase the product of power, when deficient from disease, and to regulate its development, is the task of remedies. So far as motion supplied can effect this purpose, it is remedial.

Mechanical impulse, however, *may* be so applied as to oppose the end sought, and actually to operate in the direction of morbid activity, and obstruct physiological endeavor; it then as surely becomes injurious.

It hence appears that successful massage of fleshy portions of the body is no hap-hazard or accidental matter. It requires on the part of the operator a substantial knowledge of the special physiological defects and the incompleteness from which the subject is suffering. It further requires such adaptation of mechanical processes as will successfully merge with the various physiological processes, so as to repress such as are evidently in excess, and exalt those that are as evidently defective, and so to restore the physiological equipoise, of which good health largely consists.

THE MUSCLES.

"The muscles are the master tissues of the body," says the leading physiologist of the day. They are such by reason of their great preponderance in weight; of the abundance of energy of which they are the normal instrument; of their overwhelming importance in the battle of life as regards its exterior purposes, no less then for the interior uses to which they of necessity contribute; and of the utter dependence of every other function, including that of the nerves, upon their proper and adequate use.

The wide distribution of muscular tissue throughout the organism not only emphasizes their importance, but greatly facilitates the restoration of their preponderance when this is lost. The fleshy parts covering the skeleton and which round out the exterior, are chiefly muscular; the blood vessels permeating the flesh everywhere from the heart to the minutest capillaries are muscular, with non-essential exceptions, where muscle is replaced by elastic tissue, or other mechanical equivalent; the digestive tube throughout its whole extent is muscular, whose service, like that of the circulatory vessels, is unremitting; the respiratory apparatus is mechanical, introducing oxygen and expelling carbonic acid by muscular action; while secreting glands and surfaces are in express relations with muscular parts on whose action they closely depend.

The nervous system is no exception to the physiological rule of intimate dependence on muscles. Nerves have very little power to control, and especially to supply their own nutritive support, without which their function must at any moment cease. Not only is the blood-supply for nervous nutrition and waste provided by muscular action, but a principle in physiology of the utmost importance in radical therapeutics is this: muscular action is constantly demanded as the physiological counterpoise of nervous action; without the former, the latter runs an uncontrollable and destructive race, certain to ultimate in serious disease, which, in absence of knowledge of the remedial effects secured through motion, affords the severest trials of the medical art.

THE MUSCLES AND PATHOLOGY.

The phenomena of ill health, whether acute or chronic, are those of uncompleted physiological processes. Partial failure of processes involves the presence of imperfectly wrought material, waiting further changes for its exclusion. This material is an impediment to physiological activities, and urgently demands such an increase of these *above* the normal rate as shall afford compensation; when this occurs in the form of excited arterial action, increased respiration and increase of heat, *acute* disease is said to exist. When such compensatory action fails to set in, and when the natural limitation of such excited action has been reached without having secured restitution, *chronic* disease holds sway.

These peculiar characteristics of the two forms of disease are thus brought into comparison, in order the more strongly to emphasize the physiological and consequently the therapeutic requirements of the chronic form, irrespective of the local and subordinate indications.

In either case, there is evident unfitness of the material supplied by the blood to support cell-life. This, however, is largely a consequence of feeble demand; for muscular activity, which creates demand for support from nutrition, is also the means whereby all supplies are fitted for their use. All muscular activity produces a more vigorous operation of mechanico-physiological processes; especially the respiratory and circulatory functions, which reduce unavailable and obstructive materials to forms for elimination.

The defects apparent in chronic affections are most conspicuous on the mechanical and chemical side of physiological processes. Thus, the blood flows sluggishly through the systemic capillaries; the imperfect action of the local tissue, obstructing rather than aiding the flow as in health. When the combined causes for the local circulation have become sufficiently diminished, blood stasis ensues, and hyperemia and the various progressive stages of its consequences occur.

The failure of aid to the circulation of the blood from inaction of the muscular tissues imposes a heavier burden on the heart and arteries, and the muscular power of these organs are overtaxed, with many threatening consequences to the health. The chemical and eliminating power of the vital system is in the ratio of its mechanico-vital activity, as is proved by tendency for this to become incited in acute affections. The diminution of the physical portion of the operations of vitality have therefore, in chronic disease, greatly reduced the power of the system to dispose of its waste and its superfluous matter. This is retained to a noxious degree. The local accumulation of matter over which vitality has diminished control, aggravates and increases the hazard arising from any local hyperemia, and affords the basis for local organic disease of whatever variety.

The nervous organs and nervous system inevitably suffer when muscular activity is feeble. The nerves have no contractile tissue, and are dependent on causes outside, especially the muscles, to provide for their circulation.

The various complications of chronic disease arise from the following principal causes:

1. Insufficient nutritive activity of muscles affords a proportionally increased blood supply to the nerve centres. This condition is decidedly favorable to increase of nerve function. The abnormal increase of blood, bearing nutritive support and oxygen in close relations with the vital nerve cell, certainly favors those intra-cell changes by which nervous energy is developed to an excessive degree.

2. Another characteristic of disease which serves to increase nervous activity and nutrition is the fact of *pain*. Pain is the recognition by the consciousness of physiological irregularity. It is therefore action of nerve centres, a manifestation of energy demanding and obtaining nutritive support. It is a form of nerve work, supported by blood supplies. The power and functions of the nerves do not decline with the causes for muscular decline, because their functions are of a superior order to mechanical power.

Pain, therefore, by inviting nutritive support to spinal centres, produces hyperaesthesia, and opposes nutritive support and expenditure by muscles. Pain and work are incompatible; nutritive activities are pre-engaged in an opposite direction.

3. The third cause for abnormality of the nervous functions in chronic disease, is the deterioration of the quality of nutritive support to the nerve centres and conductors, by presence in the blood of abnormal matters, arising in general from impaired elimination, through fault of muscles.

Through all time, medical science, or what has passed for such, has been most affluent of means for modifying nervous manifestations, its amount and its quality through their nutrition. Nothing in physiology or pathology has been more a subject of demonstration than the various effects capable of being produced in this way; for the use of drugs affecting the nerves is nothing more than a play upon the variability of function of which nerves are capable, by toxicants reaching their organs through the blood.

Through the same channel, unrecognized, but no less substantial matters, arising from defective and perverted elimination, have an analogous influence on the quality and amount of nervous manifestation. We may not know so definitely the ultimate composition of their spontaneous, and perhaps ephemeral products, as we do those we purposely administer; but constant and universal experience demonstrates their existence from their effects. These effects are removable, it is equally demonstrated, by any course that proves effective in restoring the elementary functions of which muscular power and action is certainly the mainspring.

From the above considerations, and without presenting further details, it appears that all varieties of nervous power are products of and have their source in the general nutrition of which muscular action, by its superior physiological importance, is the key; that irregular and excessive manifestations of nervous activity are largely due to the deficient counterpoise which it is the natural function of muscles to maintain; that cerebral and spinal hyperemia are demonstrably due to the same cause, and are curable by removing the cause, that is by restoring muscular nutrition. This purpose, in the disabled state of the nerves, is secured by massage, *as the equivalent for muscular activity*. These principles and statements lead to the inference that direct incitation to the nervous functions through means of drugs must be of at least very questionable utility for the removal of any form of morbid innervation, and need never be resorted to when the practical application of the natural method can be rendered available.

EFFECTS OF MUSCULAR ACTION ON CONNECTIVE TISSUES.

The vital power of muscle cells is manifested by change of shape; a single cell cannot be said to contract; it does not change its volume; it becomes shorter and broader under incitement. But a series of cells conjoined to form fibers contracts, by which its ends are made to approach each other. By this means it not only compels whatever the muscle ends are connected with to approach, but also all the different anatomical parts included by the muscular mass and its multitude of fibers are mechanically displaced.

The chief components of complex fleshy masses, besides the muscles, are connective tissue or fiber, membranes, blood vessels and capillary vessels.

By muscular action all these varied constituents of the contracting mass are made to oscillate to and fro in obedience to the motion communicated. At each oscillation they are all subjected to *pressure with motion*. As the rate and degree of motion differs in different portions of the acting mass, the distinct fibers are caused to glide, as well as to press upon each other.

This inter-molecular and inter-fibrous motion may at first appear to be merely incidental and of little account, but it is really of great therapeutic importance. The effect of its suspension easily proves this; as when in consequence of inflammation and the effusion of plastic lymph, these fibers become so glued together as to prevent motion; or when from prolonged muscular spasm, as happens in some forms of disease of the nerves, the fibers at points of contact suffer prolonged compression and are thus made to adhere; and indeed, after prolonged disuse of an extremity caused by any form of lameness, the same loss of control often results. The

flexibility of the member is diminished and its inertia and mechanical resistance increased to such an extent that the muscles of the part have insufficient power to overcome them, and the use of the member is lost.

It should be remembered in this connection that the usual recourse for this class of difficulties, such as supports, canes, crutches, braces, etc., do nothing, or next to nothing, toward removing the inter-molecular and inter-fibrous adhesions that have resulted from suspension of the muscular activity; they have no adaptation to this end. Even when these measures are employed, the muscles being maintained nearly motionless, the cell contents, of necessity, cease to be changed, the cells become shrunken, and the limb thus affected is liable thus to remain, indefinitely.

The extremity deprived of muscular motion is also deprived of its principle source of heat, which is largely derived from the muscle cell. Artificial means to restore the loss and to prevent escape of heat, appear to afford but little aid in maintaining or reproducing the vital temperature.

This class of mechanically disabled invalids furnish a very obvious field for the supply of the only real substitute for muscular action, viz., massage. Motion, with pressure from sources outside the disabled part, causes the same mechanical displacement and replacement of the anatomical constituents as would motion originating within the same part, and with the same mechanico-physiological consequences. To restore heat, or rather to incite its local production, the *interior friction* secured by massage has always been instinctively employed, without reference to mechanical restriction or capacity of the part to which it is applied.

What is conspicuously required in these cases of mechanical disability, is to *discover the mechanical adhesions* that demonstrably exists among the minuter anatomical constituents of the disabled extremity, and for this massage has long been in use, and cures have been made even by the uninstructed.

It scarcely needs to be said that this mode by *mechanical divulsion*, as it may properly be called, is quite in opposition to the enforced immobility, which is too often the treatment to which these cases are subjected, by which all the advantages of motion, *divulsion* and development are lost, without, in general, the least compensating advantage. Indeed, the superiority of the *divulsive* method by communicated pressure and motion is immeasurable, and especially demonstrated in orthopedic cases.

The *extent* of the motion, when applied for divulsion, is not limited to that usual to the contraction of the muscles, but is very easily carried much further. This progressively overcomes the adhesions and other obstacles opposing muscular action, and which may be beyond their natural scope.

But what adds greatly to the orthopedic value of massage is: that the motion may be applied *transversely* to the general direction of the fibers, muscular, connective, and tendinous, while the mechanical action of the muscles is only longitudinal.

The application of motion with pressure *across* the longitudinal direction of the fibers composing the mass to which it is applied, restricts the area of motion, but proportionately increases the disseverance of fibers. Such motion mechanically separates closely allied fibers, as the fibers of a cord are separated by untwisting. Pulling such a cord lengthwise only more closely unites the fibers, much like the effect of tension produced by instruments on a contracted limb. It is, in general, not only useless, but injurious, while the exactly opposite course, that of divulsion, is restorative and permanent. Even long existing adhesions, with contractions producing great deformity, are no bar to the successful effect of this form of massage. These bad cases may not have been benefited by *skin rubbing*, that has sometimes been palmed upon innocent victims in place of deep massage, and cannot be, for it has little or no relevancy

to the condition. Such cases in a few instances make spontaneous progress due to youth and improving condition, and in spite of instruments having little philosophical bearing on the actual need.

The superiority of the method by progressive divulsion, which also includes muscular development, is apparent on the least reflection. It involves not even the suggestion of pain, while the process of pulling and of cutting of tendons, which the divulsion method easily supersedes, is decidedly painful. It actually secures what is needed as its *direct* effect, while the method by tensile power is at best indirect, and includes no development by nutrition. Applied motion increases elasticity of the member instead of repressing it; increases the muscular fiber by promoting local nutrition and heat, which are excluded by the confining process, and is successful in restoring the normal power and action of deformed extremities in cases where nothing of value can be practically compassed under the usual method of leaving the case to so-called supporting instruments. The ultimate success of massage in producing divulsion and development of defective limbs, in which adhesions are the principal obstacles to be overcome, is, in general, only a question of an adequate supply of the mechanical power necessary to secure the end proposed.

EFFECT ON THE MUSCLE CELLS OF MUSCULAR ACTION.

That deficient exercise represses muscular development by its negative effect on the constituent vital cells of muscles, which is but the converse of the trite statement that exercise promotes muscular development, is readily seen. That the same form and degree of motion, when supplied to muscles from some outside source, is capable of producing the same nutritive consequences in the muscle cells, is less extensively known and less readily understood.

The special cause of disease appears to make little difference with the fact of muscular atrophy, but considerable with the rate at which this effect takes place. Feigned lameness certainly produces shrinkage of a limb; but a severe attack of sciatica acts in two ways to the same end. To the diminished use is added the withdrawal of nutrition from the muscles by the greatly increased nutritive activity of the nerves, evolving energy in the form of pain. The circumference of the thigh may diminish an inch in a few days, while an attack of acute rheumatism of a knee joint will produce a shrinkage of two or three inches in as many months.

In cases of infantile paralysis, the limb ceases to grow, while the limb unaffected grows away from its fellow. The unused limb in this class of cases becomes very soft, as well as powerless; an examination of the muscle cells proves that a portion of them becomes filled with fat, which has displaced the normal muscle cell contents.

In unused limbs, the contents of muscle cells cannot change, at least, not in a legitimate way. Change of shape, or rather its alteration, appears to be absolutely essential to normal change of contents. In health, this occurs under proper incentives. In case of the muscles of the skeleton, an influence from the nerves is the necessary and usual incitation to muscular contraction.

Experience has, however, fully proved that the change of shape of the muscle cell, superinduced by an adequate mechanical cause outside the muscle cell, produces normal change of the contents, or nutrition of the cell even in the absence of nervous influence. This is known by the fact that the cell acquires the power of *acting*, that is, of evolving muscular power, in the usual way. From this it appears that the alteration of shape of the cell, a mechanical fact, is its way of induction and education through the cell wall of matters connected with the maintenance of its nutrition, the essential preliminary to its discharge of mechanical energy.

Nor is this artificial mode (by massage) of inducing nutritive changes in the muscle cell confined to the shrunken variety. It has been proved to be equally

available for those having fatty contents. Motion applied restores the contractile power, which shows that the fatty matter is dislodged, and replaced by the proper fillings. Even intermuscular fat is absorbed by applications of motion.

These effects of massage are incidental to those employed for divulsion, which is often required in the same case. The extension through the limb of nervous power adequate to its control usually proceeds at the same time, through a little variation of the mechanical processes.

The intelligent operator will, of course, suit the force, the direction and extent of the massage processes to the special as well as to the progressive needs of his case. In each respect he can far exceed that of the natural power of the muscles belonging to the part, and so as, in some sense, to secure diversity as well as restitution.

EFFECT ON THE LOCAL CIRCULATION OF MUSCULAR ACTION.

The flow of blood in its channels, minutely subdivided through the muscular masses, brings to them the matters from the digestive organs and the oxygen from the respiratory organs that are required to sustain the vital powers of the parts to which these vessels are distributed. Of no less importance for the maintenance of vital energy is the outflow, departing from the same fleshy masses of the waste material from which the energy has been dissociated by the changes occurring within the walls of the vital cell, into which both classes of matter—nutritive material and oxygen—enter.

The local flow of blood is largely dependent on the mechanical impulse afforded to the blood column within the vessel walls by the action of the muscles, which are in immediate relation with them. The elastic walls of the blood vessels allow a portion of the mechanical impulse of the muscles to be spent on the blood column, to urge forward its flow, and the valves on the one side and the heart and arterial pressure on the other insure its proper direction, so that the least muscular impulse is serviceable.

These effects on the blood flow are purely mechanical. The same impulse reaching these vessels, derived from any other source than the muscles, or from any mechanical cause, even though entirely alien to the vital tissues, would produce precisely the same kind and degree of effect. It will be observed that the natural aid from muscular action is entirely irregular, depending on the will, or the whim, or the necessities of the individual; a fact rendering it feasible and proper to use such exercises as the judgment dictates. When the exigencies of the health require supplemental aid for the circulation of the blood, the recourse to exterior supply of energy is always available.

But it is in case of actual disease, in which impeded local blood flow is always a conspicuous element, that this recourse of imported mechanical energy is most needed, most appropriate, and most easily supplied with the desired effect through some form of massage.

Impeded local blood flow is accompanied by distension of the capillary vessels and consequent thinning of their walls; the blood corpuscles accumulate in the area of deficient onflow and outflow; the fluid portion of the blood becomes changed in quality from deficient normal interchange; the corpuscles adhere to each other; their progressive development is arrested and the white corpuscles become abnormally abundant; the more watery portions of the blood escape through the over-thinned and non-contractile walls into the intervascular spaces, causing swelling, pressure upon contiguous vital parts. All this is signalized to the consciousness by the nerves in the form of pain. This condition is variously styled *hyperemia*, *congestion*, *inflammation*, etc., according to its stage of development.

The cause of this local condition may generally be traced to deterioration in the general health, and therefore

to defects of the nutritive activities, and to whatever controls these, in connection with some cause precipitating local consequences.

The blood stasis described is a mechanical fact. Its removal plainly calls for mechanical effects. The impediments in the vessels are mechanical and are urged out of the way by mechanical impulse. The reduction of the caliber of the capillaries to the normal area, the return of the effused fluid, its onflow and commingling with the general torrent of blood, are mechanical; and its resubmission to the chemistry of the organism is still physical in its nature and promoted by physical influences.

Nothing in medical experience can more nearly fulfil the idea of a specific than the well advised and intelligent application of mechanical energy, derived from sources exterior to the organism in proper forms of massage. The judicious use of this recourse is capable of moving forward the contents of distended vessels, and of filling them with fresh, unimpaired blood, with its full content of oxygen, inducing healthy contraction of the vessel walls, and of revivifying the decaying corpuscles; of returning to the nervous capillaries the local effusion, and to the general circulation all deteriorated local matters, to be oxidized or to be re-employed in nutritive service.

Intelligence and the care which it implies are required in the treatment of local inflammation. The un instructed neophyte is very liable to inflict injury. The tense and thinned walls of these capillaries have the least resisting quality for mechanical impressions, and the least rough handling may cause injury. Similar impressions are also highly injurious through the sensory nerves. Their mechanical incitement increases the blood flow toward the affected region, and certain to afford additional aggravation to the infliction, easily rendering the condition irremediable in place of curing it.

These facts render it proper to anticipate what is hereafter to be more fully discussed. It is sufficient here to say that local affections, especially the inflammatory, without exception, require preparatory treatment precedent to its local application. This is always revulsive, reducing the tension at the point of local suffering; afterwards tentatively approaching the local affection. The method is governed by circumstances, depending on the diagnostic power of the one in charge. A membrane, as a bladder distended to its full capacity with air, is easily burst by rough handling, but no such effect is possible from the same cause after losing half its contents. It is the same with the distended capillaries of inflammation, a portion of the contents must be drawn from the distended channels before they will bear much direct motion.

ON SECTARIAN FELLOWSHIP.

By JOHN C. MINOR, M.D., NEW YORK.

In responding to a request that I should contribute something on the subject of sectarian fellowship to this journal, I assume that, since the request follows so closely after my resignation from all homœopathic societies, it is to be considered as an invitation to define my position with reference to homœopathy, rather than to attempt an analysis of the system. As one of its former editors, there is no more appropriate place for the expression of my opinions than is afforded through this medium, and I feel that under the present circumstances no apology is needed for giving expression to my views in the personal form.

While I am conscious of being in accord with many, it would be assuming too much to attach any other importance to the views I may advance than pertains to an individual opinion. I speak for myself alone, and have no fault to find with those who hold to different opinions. I may state in the outset that my resignation from the homœopathic societies is not due to any change in my

estimate of the value of homœopathy. I have nothing to recant or retract, nor have I any grievance to ventilate. My action is based on the ground that a society that is distinctly sectarian in origin, character and name, cannot be accepted as the proper representative of any others than those whose belief is in harmony with this threefold characteristic. Such a society may tolerate the presence and welcome the assistance of those who reject the doctrines that constitute the system of homœopathy, it may allow the largest practical liberty of opinion to those who deny that the homœopathic law of cure is infallible or universal, it may receive into membership those who refuse to follow an exclusive system of practice, or to accept the appellation of "homœopath"—all this is creditable to the liberal spirit of its members—but, nevertheless, in its representative capacity, the society has not and cannot have any other than a purely sectarian character.

Believing, as I do, that the formula SIMILIA SIMILIBUS CURANTUR forms the best general guide in the selection of remedies, I do not recognize it as a law, nor follow it as an exclusive method, but exercise the right belonging to every educated physician to make practical use of any established principle in medical science, and to employ any facts in therapeutics that are founded on experiments and confirmed by experience, so far as in my judgment they may tend to promote the welfare of those under my professional care.

The members of the Homœopathic Medical Society of this county will recognize this statement as essentially the resolution which, as chairman of a committee, I submitted to the society in 1878, and which the society adopted, and afterwards expunged from the record "as unconstitutional, null and void."

I think the society was right, for while it would have been in accord with my wishes, and with those of the supporters of that resolution, for the society to have taken its stand as an unsectarian organization, such an attitude would not have been fairly representative of its members as a whole, nor would it have been in harmony with its distinctly sectarian name and purpose. The resolution was too radical for the time. Had it prevailed, the next step must have been to drop the homœopathic name. Although the society distinctly refused to recognize the right of educated physicians to use any other principle in medicine than that of homœopathy, it must be conceded that its refusal was consistent; it was consistent in its adherence to homœopathy as the only law of cure, and to the homœopathic formula as an infallible guide; but as this position is radically opposed to my own views, the society can no longer be my representative in medical politics without a sacrifice of consistency on my part that I am not prepared to make, and therefore I leave it to those whose views it represents.

Much as I value the professional qualifications and ability of those in the old school, association with them is purchased at too high a price, when it involves either a denial of what experience has taught me or the acceptance of toleration instead of fellowship. As between the two schools I have nothing in common with the exclusive views of the one or the traditional prejudices of the other, for I can see but little practical difference between the dogma of assertion and the dogma of denial, when one lacks proof and the other lacks knowledge.

For those who are not familiar with the past controversies of the two schools of medicine, it is natural to inquire what necessity existed for a physician holding to no exclusive theory or practice of medicine, claiming the title of physician instead of any sectarian appellation, and exercising his own judgment as to the methods employed in his practice, to identify himself with a distinctly sectarian organization?

To this I reply, and not for myself alone, that the necessity was created and the action compelled by the prejudice and intolerance of the old school. To consult with a homœopath was to be driven in disgrace from

every society, and to forfeit all professional standing and fellowship. To investigate homœopathy impartially, and to acknowledge that it possessed any merits, was to incur the active hostility of every organization, and to invite public abuse and insult. So bitter and intense was this feeling, that it permitted no consideration of private character or professional standing to interfere with its action, but was adopted as a settled and inflexible rule in all cases. So far as the professional standard of homœopathic physicians could be fixed by the old school, there were only two kinds recognized as possible,—fools or knaves.

Under such circumstances there were but two courses open to those who chose to be guided by their own judgment with reference to homœopathy—they could be forced out of the old school, or they could go of their own accord, but go they must. And this explains the fact that I, among others, preferred the association of those who, while professing an exclusive doctrine, permitted the utmost latitude of opinion and action, to the fellowship of others who, professing the utmost liberality, were governed by the laws of a trades-union.

I should be untrue, however, to my personal knowledge of men and affairs in the profession, if I failed to distinguish the fact that while this policy of traditional prejudice and intolerance has been the dominant party spirit in the old school, it is deprecated by many of its ablest members. As in the homœopathic societies there are those who, while using the principle *similia similibus curantur* as far as their experience confirms its value, are, nevertheless, physicians in the broadest sense, and are misrepresented by any sectarian appellation, so in the old school there are many whose spirit of liberality and sense of professional courtesy are misrepresented by the policy of their society organizations. There is a large class of men in the profession who, without exhibiting any particular bias for or against homœopathy, have expressed their regret that such a policy existed in their organization, believing it to be contrary to modern ideas of the broad and catholic nature of medical inquiry, and contrary to the fact that in a science at once so uncertain and so progressive as medicine, it is neither necessary nor wise to establish a line of demarcation between orthodoxy and heresy. Such a policy would have been appropriate to a purely sectarian body; it would have been a logical out-growth of a system that was promulgated as the only true, infallible and universal method of cure, but it is a most glaring instance of inconsistency when liberty of opinion and action, as the rights of educated physicians, finds its supporters in a sectarian organization and its enemies among the members of a liberal and unsectarian profession.

This brings me finally to the ethical problem as it stands at present. That the present discussion of the code of ethics is in the nature of a rebellion against antiquated prejudices and a policy of intolerance; that it is founded on an assertion of the broad principle that liberty of opinion and action is the right of every educated physician, is evident to those who appreciate the issues involved. The question of consultations with homœopaths is a mere incident in the discussion, and should not be allowed to hide the broader principle upon which it rests. No matter what position is finally assumed on this question by the old school, one important feature is already developed in the practical assertion of a liberal sentiment, of an unprejudiced mind, and of professional courtesy as the characteristic of many who have hitherto been misrepresented by the policy of a dominant faction. Against such it will be impossible to bring the old charges of prejudice and intolerance, and hence a very important feature of all past controversies on the subject of homœopathy will be eliminated from future discussions. Homœopathy must depend in the future, not on the easy defence that is possible against indiscriminate assault, but upon the results of sober investigation at the hands of those who will examine its claims and test its merits with impartial minds,

not in the spirit of destructive criticism, but with the honest purpose of getting at the truth. So far as I can judge of the general drift of professional opinion, the current is tending away from narrow channels and out into a broader expanse, where there is room for all that is honest in purpose or effort. I look for no millenium of harmony, for experience will differ and opinions will clash forever, but I look for more rational methods of inquiry, for truer conceptions of professional rights, for less of cant and more of justice, as the natural outgrowth of a sentiment that is wide-spread in the profession, and is not confined to any school nor represented by any organization.

WHERE IS THE SIMILIA TO BE FOUND?

By A. W. WOODWARD, M.D., CHICAGO.

In the NEW YORK MEDICAL TIMES for April (p. 10), Dr. Eldridge C. Price quotes facts which, if unanswerable, should cause every one who is honest to renounce homeopathy and abandon the doctrine of "Similia" as a delusion and a snare. He also presents some questions of vital importance to us as practitioners that should cause general discussion.

He begins with a statement by Kussmaul and Virchow, "that a thorough study of mercurialism, and a histological investigation of constitutional syphilis, shows no analogy between the accidents [effects] of mercury and the conditions [structural changes] belonging to syphilis." Without attempting a defense, Dr. Price proceeds to ask, "How nearly must drug effects resemble disease, to make the drug homeopathic?" again, "There are many degrees of similarity—how similar must a drug be to a disease to be homeopathic?" again, "If 'Similia' be indeed a law, how is it possible to cure symptoms by a drug that never produced the analogues of these symptoms?" A sufficient answer to the first proposition will meet these questions at the same time.

The names of Kussmaul and Virchow are a guarantee of the accuracy of this statement, and we cannot doubt its correctness, even though it disturbs our faith in *similia similibus curantur* as the law of cure, for this conclusion is inevitable. If the action of mercury is dissimilar to that of syphilis, and the specific curative relation of this drug to this disease is admitted, we thereby accept the strongest argument in favor of "contraria" as a law of cure, and at the same time consent to the fallacy of *similia*. Certainly the evidence so far is against us, and unless we can show an error in the premises, we must ignominiously cease our boasting and abandon our position.

It will be observed this statement is carefully made; the words in brackets we interpolate, to make the meaning more clear. It is evident these observers meant to say, there is no similarity to be found in the respective action of mercury and syphilis upon the tissues of the body, skin, lymphatic glands, mucous membranes, viscera, bones, and nervous system. We believe this pathological fact may be admitted without invalidating the law of similars, for, though homeopaths are fond of arguing *a posteriori*, "I gave the remedy and he recovered, therefore I gave a drug capable of producing a like condition," the advocates of *contraria* must not be guilty of the same absurdity, by claiming that because there was no similarity after the occurrence of structural lesions, there could be none antecedent to these conditions being established. Such a position would be untenable, for there is abundance of testimony to show that the methods by which these results are reached are strikingly similar.

Modern authorities generally agree that a syphilitic fever usually occurs from two to three months after infection, marking the occurrence of constitutional symptoms. Cooper says it is characterized by headache, depression of spirits, loss of appetite, nausea,

anæmic pallor, lassitude, rheumatic pains in limbs and back, and oppression of the lungs, to which Keyes adds, epistaxis, shortness of breath, profuse sweat, nightly aggravations, diarrhoea, temperature 102° to 104°.

The special characteristics of this fever, then, are seen in derangement of the cerebral, gastric, cutaneous, spinal, respiratory and enteric functions. Our personal observation coincides with this, and we venture to add that symptoms of the head, stomach, skin and spine occur early after infection, gradually increasing until fever rises. Among these will be specially noticed fear of consequences, syphilophobia, enormous appetites, thirst, languor, or rheumatic pains, besides adenitis.

In view of these facts, the question of the homoeopathicity of mercury to syphilis during its developing stage, depends upon whether mercury produces a like disturbance of functions as found during the early stages of syphilis. Concerning this there is no authority better than Hahnemann. In his "Lesser Writings," pp. 62, 63, speaking of the treatment of primary syphilis, he says: "The object to be attained is a development of the mercurial fever, which may be accomplished by *mercurius solubilis* without salivation in four or five days if the case is not severe; when the fever is fully developed, treatment is arrested, the ulcer heals spontaneously, and secondary symptoms do not arise. This fever is characterized by a violent headache, sleeplessness, metallic taste, nausea at everything, an earthy complexion, blue rings about the eyes, pinched features, cold hands and feet, frequent sweats, recurring chills, great prostration, restlessness, rheumatic pains, rumbling in bowels, constipation or diarrhoea, and catarrhal irritation of air passages." This mercurial fever is of brief duration and subsides of itself, the course of the disease is aborted, and the patient is healed. What better *similia* could be found? The same organs are deranged as in the syphilitic fever, and much in the same manner with head, stomach, skin and spinal symptoms of leading prominence, in both the natural and medicinal diseases.

By this method of tracing the law and conditions of cure, it is not difficult to answer the questions proposed by Dr. Price. The fact of a similarity existing between the structural changes produced by a drug and by a disease is not sufficient evidence of curative similarity; a similarity in the results of disease is no evidence either *pro* or *con*.

There may exist a similarity of lesion and a general similarity of associated functional derangements, yet the drug will prove but a partial similar, and a cure be tardily obtained. A speedy cure can follow only when a close correspondence exists between the action of the drug and the disease, as seen in the relative severity of each of the attending derangements. This is illustrated in the syphilitic and mercurial diseases, the chief concomitant in both being seen in head symptoms, with gastric second in prominence, cutaneous third, and spinal of fourth importance.

If we find a drug which specially disturbs the same organs, and in the same degree as they are disturbed by the disease, it makes little difference what special symptom may be present, whether pathogenetic or otherwise, it will be removed by this remedy through its correspondence with the totality of the disease conditions.

NOTE.—Hahnemann preceded Kussmaul and Virchow in recognizing the dissimilarity existing between the mercurial and syphilitic diseases. In his "Lesser Writings," p. 285, he says: "There does not exist any similar to the disease as seen in the changes produced in the body; the mercurial disease is very different from the nature of syphilis; the syphilitic ulcers are confined to the most superficial parts; they secrete a viscid fluid instead of pus; they are quite painless (except the original one). The mercurial ulcers burrow deeper, are excessively painful, and secrete a thin acrid

ichor or a cheesy coating. The glands swelled by syphilis remain but a few days, and either rapidly resolve, or suppuration follows. The glands affected by *mercury* enlarge, but are apt to become indurated. Syphilis is apt to produce induration of periosteum with excessive pains, but never produces caries. *Mercury* destroys the connection of solids, both flesh and bone, and corrodes the spongy bones; wounds from violence become old ulcers difficult to cure; the trembling of the mercurial disease does not occur in syphilis. * * * Excessive sensitiveness and sleeplessness are peculiar to *mercury*, but not to syphilis."

MENTAL INFLUENCE IN DISEASE.

By J. N. TILDEN, A.M., M.D., PEEKSKILL, N. Y.

Uncertainty and difficulty surround us when we attempt to ascertain the precise effects of medicine upon disease, either during its progress or subsidence. There are so many sources of error when we seek to decide what degree of efficacy a remedy may have had in removing disease, that all reflecting, unbiased minds halt in uncertainty before ascribing *all* recoveries to the direct agency of the medicines which have been given. Homoeopathy has worked wonders toward making the science of therapeutics more exact than it could be under any other system. It has led all other methods in curing its patients promptly, pleasantly, and without injury from ponderous doses of drugs. It has modified the old school practice, largely in teaching the superiority of treating disease with smaller doses of milder and more palatable medicines. Success, however, is not found alone in homoeopathy. That patients recover from many and almost as large a majority of diseases under allopathic and eclectic treatment as under that of *pure* homoeopathy, will be admitted by all save superficial and bigoted observers.

In uncivilized countries individuals suffer from serious diseases without medical aid or intelligent nursing, and yet recover. We find recoveries from diseases which have long resisted well-directed medical skill, brought about by what are apparently the most whimsical and trifling means. Illustrations of this fact are not rare. Nearly all physicians will recall their occasional occurrence in their own experience. No one is yet competent to declare what proportion of cures are wrought by psychological causes. That the influence of the mind is all important in every case of illness no one will question. The influence of mental conditions in the alleviation of toothache is probably the most familiar of all, as illustrated in the case of persons going to the dentist to have the tooth drawn. Through fear they begin to think that the pain is not really quite so bad, and they often find that by the time they are in the dental chair their pain has actually ceased. Benjamin Brodie relates the case of a young lady who had for a long time suffered from a neuralgic affliction of the hip and thigh, who lost all her symptoms immediately upon being thrown from a donkey which she was riding. Dr. Tuke, in commenting upon this case, very aptly observes: "When we see that the mental emotions caused by the fall from a donkey cure a disorder of which there are few, less under the control of medical treatment, we can scarcely exaggerate the importance of attacking disease psychologically." Dr. Tuke gives a story told of a doctor who left a prescription for a lady suffering from pleurodynia, saying, "Put this to your side," and how the patient literally did so instead of obtaining the prescribed plaster, but in spite of the mistake derived great benefit from the application. Nor is it hysterical and nervous conditions which alone are benefited in this manner. Cases of paralysis are related by Abercrombie produced by fear, and he also gives the case of a man who had been a paralytic for six years, who recovered the use of his paralyzed members during a violent paroxysm of anger.

In Sir Humphrey Davy's life is found the case of a paralytic who was cured in a fortnight, by the daily use of a thermometer under the tongue. It was first placed there to ascertain the temperature. The patient, ignorant of why it was placed there, but impressed with the certainty of his relief, at once declared that he felt better. The opportunity was an excellent one to test the influence of hope and expectation. The thermometer was applied daily, and in two weeks the patient was well. (As this article was written before Dr. Orme's mention of the same illustration appeared in the March TIMES, it is thought well to leave it as originally composed, as it helps to show that physicians are more than ever awake to the bearing these facts have upon medical practice.)

Dr. Carpenter says, "The charming away of warts by spells of the most vulgar kind belongs to these cases which are *real facts*, however they may be explained." In Dr. Tuke's work on "Influence of Mind and Body," the case is related of a young lady who had about a dozen warts upon her hands; they had been there about eighteen months, and her father, a surgeon, had applied caustics and other remedies without success. One day a gentleman called, and shaking hands remarked upon her disfigured hand. He asked her how many she had; upon her replying that she did not know, she was asked to count them. The caller, taking out a piece of paper, solemnly took down her counting, and remarked, "You will not be troubled with your warts after next Sunday." Now, it is a fact, that by the day named the warts had disappeared and did not return.

The same author relates many cases of various diseases cured by similar methods through mental influence, such as scurvy, gout, dropsy, intermittent fevers, and even the course of phthisis has been observed to halt in its onward progress. So, also, are we to include in the same list the many cures wrought by prayer, or by the supposed efficacy of saintly relics. The so-called miraculous cures wrought within the past few years by the waters of Lourdes, the cures produced by the spiritualistic medium, or the animal magnetist and clairvoyant, are all illustrations of the action of the mind upon the body in the cure of disease.

The problem which reflecting physicians often ponder when they witness recoveries from many diseases where the action of remedies seems tardy and uncertain, is this: How much influence have my remedies exerted in curing these cases? Would they not have recovered equally as quickly had I administered sugar and water, or the remedy so popular with high dilutionists, *sac. lac.*? Has my attendance been efficient in any way save through its moral effect or its psychological influence? It will be long, I fear, before such questions can in every case be satisfactorily answered. It is hoped that I shall not be understood as an unbeliever in the efficacy of medicines, for my faith is great; but more than all, I value the great importance to the physician of understanding so far as possible the *reasons* for the various phenomena which are presented by the human system in health and disease. Let us believe only such evidences as have a solid foundation in reason and are susceptible of proof. Are not those physicians whose faith is greatest most apt to ascribe without reflection every recovery, or even every change of symptoms (especially the favorable ones), to the direct influence of the medicines administered? That patients commonly do this, is a matter of daily observation. Every physician is familiar with the greeting: "Well, doctor, that last medicine did not agree with me; I feel worse to-day,"—or "I am very sorry you changed my medicines, for this has made my head feel badly," or they will detail symptoms which do not in any way belong to the known effects of the drug given. If on the other hand, they happily declare that the "last medicine went right to the spot," then we are too apt to plume ourselves on our skill, and lay that especial remedy away as an infallible cure for a similar case. If it fails next time, as it may, then we are at a loss. It is not very unusual for a patient to experience cathartic effects from

a medicine, which he supposes is given for that purpose. Not long since I had a patient, a lady, who had a morbid fear of laxative medicines. It has repeatedly occurred after having left medicines, without the positive assurance that the bowels would not be affected, that at the following visit she would say: "You did not say what that medicine was for, and it went right to my bowels."

The attitude of expectation upon the part of a patient is of the greatest service in assisting the action of medicines, and this explains why physicians find it easier to cure people whose mental atmosphere is one of confidence in the physician, than those who are skeptical and have a feeling of enmity toward the medical fraternity.

It is often—yes, always—of service to explain to a patient just what effect is to be expected from a remedy which has been prescribed. The expectation will materially help to bring the desired result. This fact is not one of recent observation, for John Hunter and Unzer, more than a century ago, pointed out that expectation of the action of a remedy often causes us to experience its action beforehand. Müller, who wrote in 1838, speaks quite as positively, and says: "It may be stated as a general fact that any state of the body which is conceived to be approaching, and which is expected with confidence and certainty of its occurrence, will be very prone to ensue as the mere result of that idea, if it do not lie beyond the bounds of possibility."

It will readily be admitted that the physician is most successful who has the most of that indescribable quality which we sometimes call personal magnetism. There is about him an air of decision, as of one who perfectly understands what he is doing, and has a clear conception of what he intends to do for his patient. He speaks positively of the results which will follow the administration of his remedies. If, perchance, medicines fail to accomplish what he has intended, he is quick to appreciate the situation, and give a reason which satisfies his patient without disappointing him.

The *Boston Journal of Chemistry*, in a recent editorial speaking of faith as an element of success in medicine, very aptly says: "The effect of the mind upon the body is now recognized by all writers on therapeutics, and there can be no doubt that the patient's mind is often affected by what he sees his physician's to be. If the doctor evidently has thorough faith in the treatment he is pursuing, the patient is apt to be inspired with sympathetic confidence, and the treatment is then more likely to succeed. On the other hand, an evident lack of confidence on the part of the practitioner may cause a distrust in the sick man's mind, which will be very likely to interfere with the desired result." The question of the influence of the mind over the body is one of great interest to the entire profession. Some thoughts of Dr. Fothergill upon this subject have recently been very widely quoted through the various medical journals. This, perhaps, shows how much greater interest than heretofore is being taken in this phase of therapeutics. A few sentences bear so pertinently upon this matter that no excuse is necessary for quoting them here. Dr. F. says: "If the medical man speaks to the patient with doubtful accents and hesitating utterances, he does not inspire confidence; he really sows distrust. This is the explanation of the successful treatment of a case by one man where another has failed, the remedial measures being much the same. The one carries the patient with him to the restoration of health, the other intensifies a morbid state, and tends to make it permanent."

In the cure of disease by high potencies the influences, which we have been illustrating, of expectation and hope, are busily at work. There is no questioning the honesty of those who use so-called dynamized medicines. There is no doubt that their patients recover. It is, however, very difficult for a candid thinker, who

looks carefully for a rational basis upon which to found his belief, to place faith in the efficacy of attenuations higher than those commonly called low potencies. It is only enthusiasm which has led physicians to believe in dynamization. It is opposed to analogy and reason to think that there are active curative properties where the most delicate tests of chemistry and microscopy fail to demonstrate drug presence. Science is too exact in her methods to be derided as incompetent to express an opinion upon these matters.

How, then, say our medical spiritualists, do you account for the recoveries, often so prompt and satisfactory, which occur after the administration of high attenuations? First of all, we find many diseases self-limited, and as such, will recover, in a majority of cases, without medicines. The tendency of disordered function is toward the normal standard. Nature tends to cure self-limited diseases. In such affections hygienic surroundings and good nursing are far more important than medicines, for the natural course of these diseases cannot be cut short. Recoveries under high potency medication in such cases prove nothing as to their value.

Then we come to the consideration of diseases of a more or less chronic nature, which are not self-limited, including all varieties and degrees of departure from the health standard. The various forms of digestive disturbances and neuroses are most common. Many of these diseases will recover under the strict regimen and careful hygiene which rigid homeopaths commonly insist upon; but, more than all, we find those physicians who use high dilutions abounding in faith. Their belief in the efficacy of their remedies is boundless, and by the inspiration of their unlimited confidence they carry their patients along with them to recovery, where a more conservative physician might ignominiously fail. Dynamic cures are often brilliant, but dynamic failures are humiliating, for they occur after the most positive assurances to the contrary. Now, when they are combined with good hygiene and nursing, the robust hope and positive confidence with which dynamists assert themselves, we have all the conditions favorable for producing in the patient that frame of mind which will cure him, if cure be within the limits of possibility. The experience of some of the most profound thinkers the world has known has shown that the influence of the mind over the body is most powerful. It furnishes a field which promises largely for the future of medicine. Illustrations similar to those given in this article are innumerable, but enough have already been given to show the wonderful effects of mental states upon morbid conditions.

It is a fact which a careful reading of the journals confirms, that very few reports of cures with high dilutions are found among diseases of children, and why? Simply for the reason that the mental influence cannot be brought to bear, as in older patients, and hence fewer cures.

It may be urged, what does it matter so long as the cure be wrought, whether it be due to the dynamized remedy or to personal magnetism (if so it may be called) of the physician? Of course all will readily admit that the cure is the only object sought, but let cures be ascribed to their proper source. Let dynamization be called, as it should be, psychotherapeia—and no longer let it remain a stigma upon homeopathy. The absurdity of dynamization has long held the school open to ridicule, and has hindered our progress in the right direction. It is a parasite which stifles our powers for growth, while the old school, like a huge leech, is rapidly absorbing, and appropriating without credit, all that is best from our therapeutics. Let us then strive to secure in practical form all that is best from our immense resources, and dynamic cures will then take their proper place among psychologic cases and will there teach us the great importance of studying the influence of the mind upon the body.

CLINIQUE.

HOMŒOPATHIC HOSPITAL, W. I.

SERVICE OF DR. C. H. MOORE.

Reported by J. T. Stewart, M.D.

D. B., æt. 31 years. Single; Ireland; barber. Admitted Dec. 15, 1882.

Diagnosis: Malarial intermittent fever.

The patient has been intemperate in his mode of life, but has suffered no previous disease of note.

Previous History: When working along shore, about ten days ago, had a chill at 11 A.M., beginning in the small of the back, and thence spreading over the whole of the body.

Present condition: The chill came on yesterday at the same hour, 11 A.M. Did not shake very much, but was very cold, not having any pain in the limbs or back at the time. Sweat very slight, if any. Has not had much fever since the first chill. Thirst is slight. There is dizziness during the chill.

Functions: Sleeps well. Appetite good. Bowels and urine normal. *B. Gelsemium* 3-10.

Dec. 22. Chill two days ago at 3:30 P.M., the first for two days, not very severe; good deal of thirst before the chill; sweat slight; dizziness of head. Rheumatoid pains relieved by motion. *B. Same.*

Dec. 25. Chill yesterday at 1:30 P.M., beginning in the back. Thirst for large quantities; nausea; frontal headache.

Fever. Thirst marked; nausea and retching with the headache. Sweat coming on, relieved all the symptoms. *B. Same.*

Jan. 29. Discharged cured, not having had a chill in thirty-eight days.

SERVICE OF S. J. DONALDSON, M.D.

Reported by B. H. B. Sleight, M.D., of the House Staff.

Edw. C., æt. 49. Married; Ireland; bartender. Admitted Feb. 6, 1883.

Previous History, etc.: This man has been treated several times in this hospital in the past few years for eczema rubrum. Besides which he gives a history of no other disease except gonorrhœa, which he had a number of times. Urination has long been frequent, unsatisfactory and scanty. Urethral stricture was found.

Condition on Entrance: Usual symptoms and signs of eczema rubrum. Not entirely recovered from the effects of his last potations.

About a week after admission he had a slight chill; stitching pains in left side and in lumbar regions; urination became profuse, painful and frequent, amounting to 5 to 6 quarts daily for several days, when it became nearly normal in amount. Albumen continued present in large amount. All through sickness, while the amount of urine was so great, there were also profuse sweats and diarrhœa. Nephritis, cystitis, bronchitis (catarrhal), and pleuritis co-existed; there was no pleuritic effusion until five days before death, which occurred March 9. The hands, feet and eyelids were œdematous, but not markedly so.

AUTOPSY.

Height, 5 feet 5 inches. Head, 23 inches. Chest, 32 inches. Abdomen, 29 inches. Rigor mortis marked. Body very well nourished. On legs are a few brownish scales covering the eczematous sores.

Heart.—Weight 18 ounces, marked by scars of old pericarditis.

Right heart, normal; left heart, four small calcareous plates found on mitral valves, the edges of which are thickened (ancient); cavities filled with post mortem clots. Hypertrophy and dilatation of entire left heart

Pleura.—Recent and old adhesions on both sides bind lower lobes to thorax. Each pleural cavity contained about 16 ounces of cloudy serum, in which are some fibrous shreds.

Lungs.—Right, weight 46 ounces. Small emphysematous patches on margins of middle and lower lobe. On section a large amount of aerated bloody fluid escapes; this condition obtaining throughout, as does also congestion. Left lung, weight 32 ounces. The same phenomena present as in right.

Liver.—Weight, 53 ounces. Fatty infiltration shown throughout (alcoholism?). Capsule adherent over upper surface.

Spleen and pancreas congested.

Kidneys.—Right, weight 6¾ ounces. Left, weight 7¼ ounces.

The kidneys, both externally and on section, presented so unusual an appearance that they were preserved for the curator, W. Storm White, M.D., who kindly furnishes the following:

“Right kidney.—Capsule adherent in spots, especially in those portions corresponding to the white tissue, afterwards mentioned in the microscopic examination. The external surface was rough and uneven, with the depressions at the seats of the white portions in most instances. On longitudinal section, white streaks were noticed, extending from the cortex corticis to the medullary portions, and large sanguinous cysts were found located mostly in the cortical portion of the organ. In the other portions of the kidney, between these white streaks, were the characteristic appearances of the tubules denoting acute parenchymatous nephritis. The white zones are mostly caused by an interstitial process, but some of them are due to fatty degeneration. The iodine test showed amyloid degeneration of the parts affected by the parenchymatous condition. Left kidney presented the same appearance, only somewhat exaggerated.

“MICROSCOPIC EXAMINATION.

“The kidney presented three different and distinct conditions of a pathological nature, viz.: An acute and a chronic parenchymatous nephritis, and an interstitial nephritis. The first two were in no wise characterized by any peculiarity in development or seat, but the third was an exceedingly interesting case of a partial localized interstitial process. On making a section of the kidney parallel to its long diameter, white pyramids were found, with their bases directed toward the periphery, and their apices extending down into the medullary portion of the organ. The microscopic examination developed the fact that these pyramids occupied the spaces between the pyramids of Ferrein, and when several neighboring spaces were affected, the centres of the latter were found to be perfectly normal, while only their peripheries were involved in the interstitial process. These white portions consisted of newly formed connective tissue containing the atrophied remains of glomeruli and tubuli contorti. The tissue showed all the characteristics of an interstitial nephritis; such as enormous thickening of the capsules of the glomeruli and thickening of the connective tissue surrounding the tubuli. This was especially pronounced in the cortex corticis, where the walls of the arterial trunks were also involved, but the amyloid degeneration, elsewhere present in the kidney, was absent from this locality. There was simply an inflammatory process leading to the development of connective tissue in localities where such tissue previously existed.

“The process in the blood vessels confined itself to their adventitia. There were also other such white patches, which were really due to fatty degeneration in the kidney itself, and these were in the cortical and medullary portions.”

SERVICE OF DR. E. CARLETON.

J. I. P., æt. 46. Admitted to the hospital Jan. 28, suffering from endocarditis, pneumonia, and simple

ulcers on both legs. His family history shows a predisposition to phthisis pulmonalis, two brothers having died of that disease. Has always been careless with regard to his health, and at one time drank to excess. Has suffered from rheumatic fever, but denies ever having had any venereal disease.

Got his feet wet six weeks ago, and from the time of his entrance into the hospital till his death, on Feb. 3d, the case presented only the characteristics of an ordinary pneumonia, with the other complications above mentioned.

Autopsy held 36 hours after death, by B. H. B. Sleight, M.D., and W. Storm White, M.D., Curator.

Height, 5 feet 9 inches.

Body well nourished. Ulcers on both legs covered with thick brown or reddish brown scabs, under which appears healthy granulation tissue. Cicatrices on anterior surfaces of both legs in various stages of contraction. Crural and cervical glands indurated. None found in bend of elbow or inguinal regions. No other evidences externally of secondary or tertiary affection. Rigor mortis well marked.

Heart weighs $15\frac{1}{2}$ ounces. Much enlarged (not hypertrophied), flabby, and the wall of the left ventricle very thin. Pericardial fluid in large excess and bloody, showing acute pericarditis. Evidences of extensive acute endoarteritis and endocarditis. The whole internal surface of the right auricle and ventricle of a deep purple red color, as is also that of the left side. This was, however, more pronounced in the ventricles, which were nearly black from the intensity of the congestion. The aortic valve presented its lips thickened from an ancient inflammatory condition, while the mitral was so much thickened as to produce partial stenosis, and was dark from the congestion. The tricuspid resembled the mitral, with the exception that its lips were not so thick.

The aorta was deep red on its internal surface throughout its arch, and presented white patches, resulting from a previous inflammation.

Lungs.—A quart of sanguino-serous fluid was found in the left pleural cavity, and a pint in the right. Fresh adhesions at the apex of left lung, and old, firm adhesions of both bases to the diaphragm.

Left lung weighed 27 ounces. Its upper lobe contained a few isolated tubercles at its apex, and some oedema in the lower posterior portion, and red hepatization in the lower and anterior portions. The lower lobe slightly oedematous, and showing red hepatization throughout.

Right lung weighed $31\frac{1}{2}$ ounces. Upper lobe oedematous throughout, and presenting cicatrices from old healed tubercles at its apex. Middle lobe in an intensely congested state, and both it and the lower lobe presenting red hepatization. Pleura non-adherent, except at base of lower lobe. No marked bronchitis.

Liver, 53 ounces. Nutmeg liver slightly congested.

Kidneys—right, 8 ounces; left, 7 ounces; capsules non-adherent; organs presented no appreciable pathological condition.

Spleen, 5 ounces, congested and friable; acute splenitis. Large and small intestines normal. Other organs normal.

Causes of death: Lobular pneumonia and endocarditis, with exhaustion.

ATROPHY OF OPTIC NERVE DUE TO SYPHILIS.

CHARLES C. BOYLE, M.D., NEW YORK.

The patient, L. C., at 30, for two weeks previous to May 29, 1881, had noticed vision of right eye failing from outer side of field to inner.

R. V.—Hardly perception of light. L. V.— $\frac{2}{30}$. Headache in vertex, and over right eye; worse at night. Had chancre nine months ago. Ophthalmoscope shows optic nerve of right side slightly whitened; vessels nearly normal. B. *Kal. hyd.* $\frac{1}{16}$.

April 1. Headache better; some pain over right eye, comes and goes. V.—Same.

April 12. R. V.—Perception of shadows. L. V.— $\frac{2}{30}$.

April 19. R. V.— $\frac{2}{30}$. L. V.— $\frac{2}{30}$.

April 23. R. V.— $\frac{2}{30}$. L. V.— $\frac{2}{30}$. Less headache.

May, 1882. The patient's vision has gradually improved under the remedy, and the headache has disappeared. R. V.— $\frac{2}{30}$. L. V.— $\frac{2}{30}$. Marked atrophy of disc of right side; vessels diminished in size.

This patient has remained under observation ever since, and vision has continued the same.

This case was diagnosed as being in all probability of a gummatous growth, situated on the optic nerve of the right eye in front of the chiasma, causing by its pressure a progressive atrophy of the nerve. The reasons for this conclusion are as follows: The whitened appearance of the disc denotes atrophy of the nerve fibers, due to interference with their nutrition; the cause probably being compression. Progressive atrophy shows itself by a constantly increasing pallor of the disc, and a diminution in the size of the vessels.

It being confined to one eye shows that the trouble is not diffused, but localized upon the optic nerve of the affected side, in front of the chiasma. If it were back of or upon the chiasma, where there is a decussation of the optic nerve fibers, it would have affected both discs, instead of being confined to the right. Atrophy by compression may result from a growth or tumor pressing on the nerve in its course within either the orbit or the cranium; if intracranial, the accompanying symptoms are apt to be more severe than if it is within the orbit. In this case, as the only symptom the patient complained of, besides loss of vision, was a headache, and that not very severe, it therefore seems as if the trouble was within the orbit, and if a growth or gummatous deposit, it must necessarily have been small, as otherwise it would have shown itself by causing some protrusion of eyeball, and by interfering with its movements, both of which were absent.

The origin was probably due to syphilis, as the patient had contracted it nine months previous, and had received benefit from an anti-syphilitic remedy; also the headache which the patient complained of was subject to nightly exacerbation.

SOME ERRORS OF REFRACTION AND DISTURBANCES OF FUNCTIONS OF THE EYE, WITH ILLUSTRATIVE CASES.*

By D. J. M'GUIRE, M.D., DETROIT, MICH.

As the understanding of the college is, that our work for this year shall be of a practical character, I have thought you might be interested in some cases which will illustrate three things or facts in ophthalmic practice. 1st. The positive value of remedies in restoring lost function; 2d. The great value of the properly selected lenses, in errors of refraction and disturbed accommodation; and 3d, that the eye, as taught in my last lecture, often suffers from influences which have their seat in distant parts of the body, and the oculist who fails to recognize this will fail to cure many cases of eye trouble which would have yielded readily had disturbances in the function of the stomach or uterus first been removed. Just, as will the general practitioner sometimes fail to relieve a headache of many years standing, and others of the neuroses, without first correcting an error of the refraction. In other words, that the eye is an important part of a grand whole, and as such is capable of giving impressions to, and of receiving impressions from, other organs of the body.

Case I. Miss L.—, at 13, is filed as one of paresis of accommodation with retinal hyperemia, both eyes.

* Read before the College of Physicians and Surgeons of Michigan, February 26, 1883.

History. One year ago was overcome by heat, followed by headache; no alarming symptoms.

Now, since a few weeks, has noticed gradually increasing difficulty of distinct vision. All objects both near and far seem blurred. *Vision Test.*—monocular, $-V = \frac{2}{3}$ by $-1.25 = \frac{2}{3}$. Binocular with $-1.25 V = \frac{2}{3}$.

Fundus (erect image) seen by $\frac{1}{4}$ (—m) shows increase in vascularity, but no effusion.

Reads No. 5 (Snellen), P—9 in. R—12 in. Nos. 1, 2, 3 and 4 not read at any distance. B. Glasses—1.25. D. smoke tint, to be worn constantly except when eyes are at rest, or in subdued light, and *Duboisine* $\frac{1}{10}$ internally—four (4) doses daily.

Aug. 19.—No. 3 (Snellen) is read Prox—7 in. R = 12 in; indicating decided improvement of vision. Aug. 28.— $V = \frac{2}{3}$ and reads No. 1 (Snellen) Prox—6 in. R. 13—Sept. 30, No. 1 is read P—4 in. B.—13 in. Ophthalmoscope shows fundus normal. Patient discharged. The comparatively rapid recovery of full vision led me to doubt the correctness of my diagnosis of retinal hyperaemia, and I now yielded to the wish of the patient, to return to school. But after a few weeks, she was withdrawn by parents on account of temporal pain, and on Dec. 30, she again appeared at my office, saying that vision was frequently blurred, most marked in right eye.

Vision $= \frac{2}{3}$; decided appearances of effusion around retinal vessels of lower half of fundus. B. *duboisine* $\frac{1}{10}$.

Feb. 9, still under *Dub.* Retina free of effusion. $V = \frac{2}{3}$; reads No. 1, P, 4 R ∞ .

The record of this remedy has been made in very recent years, but it promises to be very useful in weakness (paresis) of accommodation, and in vascular increase in fundus, more particularly of the optic nerve and retina.

Dr. Deady (in *Trans. of the Am. Hom. Oph. and Otol. Society* for 1880) has given several characteristic cases, which were promptly relieved by it. I am satisfied that I have derived benefit from it in a number of instances, but have not given the remedy the trial which I believe its merits demand. The conditions in which it seems most applicable (probably these only) are cases of a subacute or chronic character.

Case II. July, 1881. Mrs.—at 28; eight years ago had an attack of spinal meningitis. Since then, has been unable to use eyes on account of pain and a sense of heaviness in balls and orbital region.

Vision test shows astigmatism, with V. R. E. $= \frac{1}{10}$; L. E. $= \frac{1}{10}$.

The pain in these cases is undoubtedly due to the hyperemia and consequent irritation of the terminal nerves of the ciliary body, brought about by the efforts of this body in trying to unite rays of different focal distance, and as convergence and accommodation are associated functions, we probably always find in a case of hypermetropic astigmatism, a depreciation in the energy of the recti interni muscles, so, in this case, we find her able to overcome only 3° of prismatic effect. (Test made with colored light at six feet distance.)

R. R. E. $+ 0.75$ cyl. ax. $75^\circ V = \frac{1}{10} +$

L. E. $+ 0.75$ cyl. ax. $105^\circ V = \frac{1}{10} +$

Binocular vision $= \frac{1}{10}$ showing the benefit of convergence in producing sharp definition.

This patient had simply stopped over a train on her way to the northern part of the State, and I never heard from her, until in November, 1882, she sent her sister to me for treatment, saying to her that she hoped she might be benefited equally with herself, for she had lived in a new world ever since her visit to me, and had daily in her heart thanked the man who prescribed the glasses which had restored to her, in a day, the use of her eyes.

This case I will next give you.

Case III. Nov. 28, 1882. Mrs. —, at 30. Black eyes; physically slight; always delicate health. Has suffered from pain and blurring of eyes since childhood; on this account was able to attend school but little.

Status præsens: V $\left\{ \begin{array}{l} O. D. = \frac{2}{3} \\ O. S. = \frac{2}{3} \end{array} \right.$

Ciliary irritable, and the mydriatic necessary in order to a proper test.

Homatropia, an agent which, owing to the short duration of action, is admirably adapted to this class of cases, was used. I, however, prefer the *atropia sulph.* where I desire to get the after beneficial effects on the ciliary which follow the complete suspension of function for a definite period.

The results, then, of a test under the effects of the *homatropia*, were to expose compound hypermetropic astigmatism, as the following prescription will show:

R. R. eye $+ 0.25^\circ + 0.75$ cyl. ax. $125^\circ V = \frac{2}{3} +$

L. eye $+ 0.50^\circ + 0.25$ cyl. ax. $90^\circ V = \frac{2}{3} +$

Reads No. 1, Prox—7 in. B. $= \infty$.

I saw this patient for only a short period after making the prescription, but long enough for her to be convinced that the glasses alone were likely to relieve her of a life-long headache, for which she had received all sorts of treatment without avail. The degree of the defect is also slight, and as such had led a competent brother oculist, in a neighboring city, to dismiss the case with the statement that her eyes needed no attention whatever.

This case is not by any means a novelty, but is introduced to show how much misery and mischief a continued irritation on terminal nerve filaments may produce, and how easily the defect on which the whole is dependent may be overlooked.

Case IV. Mr.—, at 23. Book-keeper. Came to me Nov. 17, 1882; complained of aching in eyeballs and forehead after use of eyes.

Vision test gives, R. E. $V = \frac{2}{3}$

L. E. $V = \frac{2}{3}$

Reads R. eye No. 1 at P. 5 in. B. = 12.

L. E. can't read type less than No. 5 Snellen, and that with great difficulty.

Left eye was given a long course of *atropine*, grs. iv. to the $\frac{1}{2}$, instilled twice daily for a week, disclosing mixed astigmatism, as the following formula made at this time will indicate:

By $+ 2^\circ - 2.25$ cyl. ax. $15^\circ V = \frac{2}{3}$

Radii on dial equal and distinct. The right eye was tested under *homatropia*, and gave by $+ 1. \bar{V} = \frac{2}{3}$

B made after effects of *mydriatic* had passed off.

R. E. $+ 1.$ (Dioptric)

L. E. $+ 2. - 2^\circ$ ax. $20^\circ V = \frac{2}{3}$

L. E. Reads No. 1 P. 6 Remote 11 in.

With these lenses there was no noticeable difference in size of images between the two eyes, and subsequent reports show that patient has good binocular vision by use of glasses, using eyes with perfect comfort, and of course for the first time in his life has definitive vision in left eye.

These cases illustrate the value of, and many times very happy results which follow the use of, the properly selected lenses.

The next series will cause the mechanical man, or the man who attempts to disregard the functional unity of the eye and other organs of the body, much chagrin on account of the frequent failure of his best directed efforts in the selection of spectacles, unaccompanied by other necessary measures.

Case V. July, 1881. Miss —, of fair vigor, has suffered from dysmenorrhœa, and endometritis, from which conditions she now thinks herself relieved; has been under treatment for her eyes for last two years. Is wearing $+$ cylindrical lenses, which correct an hypermetropic astigmatism. She makes a change in oculists because her eyes do not become strong, as under restrained use of them and Dyerism they had become easy, painless; but old symptoms of pain and photophobia return as soon as she resumes reading, or any near use of them.

S. P.; constant pain and photophobia; pain in fixing objects near or far; passing objects on the streets cause pain. This nervous sensitiveness in the accommodation

and hyperaesthesia of retina, I think are generally associated with disturbance in the *sexual* function; it may be abuses or excitement, or ungratified desire. I frequently meet with it and have often verified the fact of such disturbance. In this case the severe pain in the eyes was generally controlled by *arsen.*, *con.*, and other indicated remedies, and under galvanism, systematic exercise and careful use, through a few months, finally reached a high degree of energy (45°) in recti muscles, ciliary became quiet, and patient was able to use eyes several hours daily, but during the early part of the winter, she met with disappointment in love affairs, and returned to me with the hyperaesthesia of retina and some ciliary pain. Had however not lost in muscular energy. An examination made at this time by her physician disclosed a return of the uterine troubles, and after obtaining relief from this condition, a short irregular course of treatment with galvanism (local) and remedies directed to the functional disturbances gave her relief.

Case VI. Dec. 28, 1881. Mr.—, æt. 17.

Has been under the care of a competent oculist in the East for the past two years; is of good general vigor; always near-sighted.

Status *præsens*. R. E. V. = $\frac{1}{10}$ L. E. V. = $\frac{5}{100}$ reads with R. eye, at any distance with great difficulty

L. eye Prox.—4 in. R.—6 in. readily; present lenses do not correct him, but as patient was about leaving for college, did not have an opportunity to make the needed changes.

April 5, 1882. Examination shows R. E. V. = $\frac{1}{100}$ L. E. V. = $\frac{1}{100}$

Fundus exhibits no evidence of choroidal atrophy, as conus etc., notwithstanding the rapid increase in the myopia.

Ciliary very tender to pressure; diplopia produced by 2° of prismatic effect. *Homatropia* was instilled for a few days, and treatment by galvanism and exercise until April 13, when prism of 8° was necessary to produce diplopia; a compound lens was prescribed for left eye, and patient not seen again until August of same year, when a full course of *atropine* was given after which the following formula was made:

R.—R. E.—2. \ominus —1° ax. 160° V. = $\frac{3}{10}$ —
L. E.—6. \ominus —0.50° ax. 180° V. = $\frac{3}{10}$ —

Reads No. 1 DeWecker Prox. 3 in. R.—13 in., giving him almost perfect distant vision, and at same time good range in reading vision, being an unusually good result in astigmatic myopia of such high degree. His eyes remain free from pain, but he is unable to use them for study; when he can take the necessary time to develop in a proper manner and to a proper degree the recti interni he will have useful eyes.

Case VII. Nov. 24, 1881. Harry—, æt. 14, suffers much from pain in eyes and forehead; is wearing $\frac{1}{10}$ glasses. This patient is of a highly nervous organization and not well nourished, although he has had the benefit of frequent changes of climate and all the comforts of a first-class home, with horseback exercise, etc.

Vision test gives evidence of marked myopic astigmatism, ciliary body sensitive.

Homatropia grs. iv to $\frac{3}{4}$ was instilled, which enables me to make a prescription of glasses.

R.—R. E.—3.50 \ominus —1° ax. 90° V. = $\frac{1}{10}$
L. E.—3.50 \ominus —0.50 ax. 75° V. = $\frac{1}{10}$

Reads Prox. 3 R.—12—but can endure only a few minutes; evident spasm of ciliary. I kept this patient under an irregular course of treatment for greater part of the winter, the internal remedies being principally of a constitutional character, together with occasional remedies as *jaborandi*, *coniun.* and *calabar* for the painful state of eyes, and in May, 1882, although much improved generally and eyes generally comfortable when not used for near work, he now bore an increase of $\frac{3}{4}$ of a dioptric in the spherical part of his lenses, with V. = $\frac{3}{10}$ test with prism and colored light shows diplopia—of R.

E by 6° and of left eye by 8°. Can do but little reading; patient spent his summer mostly in the open air and in such sports as he was able to bear, and in October he presents with the appearance of considerable general improvement, having grown, and being in good color and flesh. Vision R. E. = $\frac{3}{10}$ L. E. = $\frac{3}{10}$ Reads P. 4 R.—13, overcomes prism of 10°, but left ciliary very sensitive. My opinion being that his eyes would not bear the work of school until he was more nearly mature, physically; or until he had attained much greater vigor generally; and parents fearing the demoralizing effects of idleness, he was finally placed under a tutor, by which arrangement he had half the day for recreation and exercise. Such careful use will probably preserve his eyes with but little further increase of the myopia.

The class to which Case V. belongs is a very large one, and I might add cases indefinitely, but I fear I should not by so doing add to the interest of my paper, as the recitation of cases is always monotonous, and I am not attempting to fortify any position, but simply stating, and in an imperfect manner illustrating, a few practical facts.

SUCCESSFUL SPONGE-GRAFTING.—In the *Med. Times and Gazette*, Dr. W. Winslow Hall reports a case of sponge grafting in a girl, aged 20, who was suffering from two large ulcers on the left foot. She was a pale, anæmic girl. The larger ulcer was three inches in diameter and one inch deep; the other one was smaller. She was given cod-liver oil, and charcoal poultices were applied to the sores, which were syringed twice each day with carbolic acid lotion, one to forty. Under this treatment the ulcers took on a more healthy appearance. A thin slice of ordinary sponge was soaked in a very strong solution of carbolic acid for fifteen hours, and then carefully washed in a more dilute solution, until there remained but a faint smell of the acid. Bits of this sponge slice were now packed into each ulcer until rather above the level of the adjacent skin, and a cotton bandage was applied over all. After about three months and a half, the patient left the hospital. Her progress was slow, but uninterrupted; new skin spread gradually under the margins of the sponges, and as these margins became loose they were clipped away. The former ulcers are covered in by healthy skin, almost on a level with the surrounding skin surface.

In this case the preliminary treatment consisted merely in disinfecting the sponge with carbolic acid, and as the case wore on it became evident that the sponge-tissue was not becoming incorporated in the patient's foot. It rose by degrees in the wound, and fragments were clipped away from its surface. In time it became stationary, and then new skin spread under its edges, so that, in fact, the sponge was slowly shoved out by the new tissue replacing it. The employment of sponge-grafting was undoubtedly of value in this case. Nature had been allowed to treat two similar ulcers on the same leg, and had left two large cicatrices firmly adherent to the underlying bone. These caused great deformity, and could hardly be called perfect results. The result of the use of sponge-grafting was that a pliable cicatrix was obtained almost on a level with the neighboring skin; the foot was saved from deformity, and its usefulness was not impaired.

TREATMENT OF WHOOPING COUGH WITH EUCALYPTUS.—Dr. Witthaus (*Memorabilien*, Nov. 15, 1882) reports four cases of pertussis, treated with tincture of *eucalyptus glob.*, which recovered in a little over three weeks. The dose for children from two to four years of age was 5 to 8 drops. One of the patients, 18 months old, suffered from well-marked rickets. After taking the *eucalyptus* for four weeks, not only was the whooping cough cured, but the enlarged epiphyses were reduced, and the child, who had never before attempted to stand, learned to walk.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

Our practice is not "based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry."

SECTARIAN FELLOWSHIP.

The present struggle of some of the professional aspirants in New York leads us to quote the common aphorism that "History repeats itself," for we find by referring to the history of medical matters in this city that antagonisms of a similar character, carried on with great bitterness of feeling, existed among the fraternity as far back as 1830, or even earlier. On examining the library of an old physician of New York, a report was found revealing the clandestine machinations of a secret society called the Kappa Lambda, the purpose of which was derogatory to the profession, and injurious to the public. A committee was appointed by the county medical society of that time, which was composed of three hundred members, to report upon the existence and character of this association. The committee consisted of Philip E. Milldoller, M.D., Felix Pascalis, M.D., Abraham D. Wilson, M.D., and Hans Gram. Their report was unanimously approved.

It was found, after many obstacles placed in the way of investigation by those most interested, that the original members of the society were: Dr. Thomas Cock, Dr. A. H. Stevens, Dr. John C. Cheesman and several others. To these were added, from time to time, according as they were found suitable to promote the objects of the association, F. N. Johnson, Stephen Brown, Ansil W. Ives, D. Atkins, Benjamin McVickar, Josiah D. Harris, Peter C. Tappan, John K. Rogers, Martyn Paine, M. Willett, John L. Phelps, Stephen Hasbrouck, John Conger, S. W. Moore, John W. Weed, A. Smith, G. Smith, J. M. Smith, D. W. Kissam, R. K. Hoffman, John C. Bliss, N. H. Dering, John Torrey, and a few more whose names are not important. This society, according to report, originated in selfishness,

and seeking to dictate professional fellowship, was continued for the purpose of advancing the pecuniary interest, and making professional reputation for its members, without submitting to that fair and open competition which decided talent and honorable minds never wish to avoid. By the influence of this association in counteracting a free intercourse with the profession at large, there was produced in the minds of its members a false estimate of their own character, and an erroneous impression of the characteristics of those uninitiated into their mysteries. When men of weak minds have been rendered vain and arrogant, they are apt to carry out their feelings by assuming a contemptuous course towards their equals and superiors; and hedged around by their secret organization, it is comparatively easy to set on foot slander or misrepresentation of character under the influence of jealousy or personal spite, which may be spread outside to other members of the profession, and to the public at large, without the attacked being able to trace it to its proper source. Such an association tends to an unjust monopoly of the emoluments and honors of the profession. By acting in concert it would be easy to collect a much larger portion of public patronage, and wield a larger influence than would be warranted by real merit. Almost all of the professional offices in the city leading to practice and conferring reputation were at one time monopolized by the secret association.

There seems to have been an hereditary transmission of the *animus* of this society from its organization to the present time, with all its venom and petty spite, with all its love of power and determination to control by united action, which it could not have done by talent and scientific attainment. This secret club and others, in both schools, upon which its shabby mantle has fallen, and which have been true to the traditions of the parent, have been the source of much of the exclusiveness and bitter animosities which have disgraced the profession during the last half century. The influence of the organizations has been turned into commercial channels to bolster up private ventures, and has been also largely used to gratify private spite. Banded together in every instance for a single purpose, personal emolument and the obtaining and retention of power, which they could neither obtain nor hold by individual merit, under the leadership of unscrupulous men, their steps would not bear even ordinary scrutiny.

Search the records of medical history and tell us what enduring monument these wire-pullers and leaders of secret organizations have erected of medical and surgical progress. Feeding like parasites upon a noble art, they have left their slimy traces all over its pages and contributed nothing to its strength and beauty. The leaders have passed and are passing into merited oblivion, and the wise, some of them, unwillingly awakening at last to a sense of their disgrace, are coming out into the clearer light and upon the stronger platform of liberal thought and honest purpose. It is to be hoped, now that the lingering and disingenuous warfare is nearing its close, that the muddy fountains which for the last half century have been

pouring out their filth from the metropolitan city, tainting the profession throughout the nation, may cease their work, and over the grave be planted the Eucliptus, to absorb the lingering poison left behind.

THE REASON WHY.

Numerous articles have recently appeared in old school medical journals, in which the efficacy of small and repeated doses of medicine is strongly indorsed as being more efficient and speedy in their curative action. The statement is almost always supplemented with "we do not understand this action, but experience shows the correctness of the principle." Dr. Smith, in his clinical paper, published in a recent number of the *N. Y. Med. Jour.*, gives a long list of remedies, the efficacy of which, given in small and repeated doses, has surprised and gratified him in a marked degree. Other writers are constantly making the same discoveries, and wondering why such effects are produced.

To the careful student of the dual action of drugs, from which standpoint drugs should alone be studied, there is nothing marvelous or miraculous in the process. The course which nature points out in all its beautiful processes of life and health is simply followed. The products of the earth thrive best when moisture and light and heat are adapted to their wants, as the rain may destroy by its floods, and the sun parch and wither by its heat, so in the delicate tissues of the human system, the vital force is better controlled by gentle and continued influences than by those powerful agents which paralyze and destroy. A great triumph of the chemist has been in preparing food for the system which it can take up and assimilate, even though its absorbents are in a measure inactive; and the great triumph of the pharmacist is in so preparing remedial agents, extracting their vital power and presenting them in such form, that the intelligent physician can use them for their specific action in almost every form of physical derangement, in such doses as will best secure the desired end. The question of the dual action of drugs is one upon which hinges the whole science of therapeutics. No physician is master of his weapon unless he understands its whole range of action, from its most delicate influence up through its successive grades of power until it paralyzes and destroys. It is a delicate question, one which will admit of no arbitrary rule, and when the physician must be guided to a certain extent by his own intelligent experience in what strength a drug must be given to obtain its best action. Peculiar idiosyncrasies and surroundings must be carefully studied. If the remedy is given in too minute a dose to act on the vital organism, the treatment is worse than useless, for time is lost; if it is given in so large a dose as to unduly disturb the system, life is endangered or the recovery rendered more slow and tedious. The physician who seeks the specific action of his drug, and knows how to select the proper strength, must naturally be the most successful; and the man who studies it from its dual standpoint, and is master of its whole range of action,

in the world of thought ranks higher as a scientist and better performs his mission as a healer than the materialist who prescribes a drug only for its general action in massive doses. A careful study of the full range of power of a drug will disclose to the intelligent mind the reason why, given in small doses, and often repeated, it is not only more curative, but more speedy and pleasant in its work. If more time were spent in studying the real action of drugs from a scientific point, in investigating the human system, not merely as a machine to be oiled, and cleaned, and fed, but as possessed of a vital principle, a something all powerful, which the skill of the chemist fails to analyze, but whose action must be studied and taken into account in the process of life and disease, there would be less necessity for upholding the dignity of the profession by legal enactments or of teaching its members how to be gentlemen by codes of ethics. The road from the first action of a drug to its full power is a long one, but often quickly traveled. The question which now agitates the professional mind is, at which end or where upon the road shall we commence? A simple illustration will show our meaning. The physician exhausted by a day of unusual mental and physical labor, and with a night's work before him, takes with his dinner a single glass of champagne, and follows it as the dinner progresses with perhaps one or two more. He finds himself refreshed and strengthened. He has taken just sufficient stimulant to rally the system from the fatigue of labor, and enable it to appropriate the food necessary for its sustained strength. Another physician, with the same object in view, starts at the other end of the road, drinks his full bottle of champagne, and finds as a consequence a muddled brain, a weakened nerve action, and for a time an inability for sustained and intelligent work. The reason why in both cases is easily seen.

THE DUAL ACTION OF OPIUM.

The (Phila.) *Medical Bulletin* makes what it terms "A Point on the Therapeutics of Opium," in which it claims that "the therapeutic range is not confined to its action in the massive dose, as a study of its effects in different doses will show." It seems to us that our intensely regular friends have been some time in finding out this fact, which was long ago set forth by Hahnemann, and perhaps they might find pleasure and profit in perusing an article on this dual use in the November number of this journal. In further illustration of the dual power of opium, the writer says: "The lesson to be drawn from these observations is that opium possesses a much wider field than is usually given to it, and that, if the dose is properly regulated, its effects may be varied even to the extent that it may seem to produce opposite effects. Acquaintance with these facts—and we are led to believe from our observation that they are not generally known, or if known, not appreciated—will give greater value to opium as a therapeutic agent, and render its use in the hands of the general practitioner much more effective." To all of which we say, Amen.

THE SECTARIAN PSEUDONYM.

The question of dropping the sectarian pseudonym, as applied to physicians and to the societies which they organize, is exciting the serious consideration of our most thoughtful and conscientious *confrères* in the profession.

As bearing upon this point, we quote herewith from a private letter just received from a physician of the highest standing in his profession, and one whose judgment and sense of good taste can be depended upon. We are glad to notice that there is a marked decrease in the improper use of this term "homœopathic." The books and other literature, the society names, etc., etc., all indicate less sectarianism by omitting the title which alone perpetuates it. We trust that this work of supersession may continue, and that the sectarian title will not be allowed to estrange from each other workers who would be found shoulder to shoulder but for it.

Our correspondent pertinently says of the subject:

"I am asked what I 'think of the indiscriminate use of the term homœopathic?' So far as I am concerned, I can see no objection to dropping it altogether. Indeed, I do not authorize its employment in connection with my name or practice—have no card in any paper, and no sign whatever. Whenever the question as to my regularity, in *either school*, has been raised, I have universally replied that I did not believe in professional persons visiting the sick as '*pathists*;' that their office should be that of '*physicians*;' conscientiously to employ all their culture and their highest intelligence for their patrons; that '*pathists*, either through bigotry or ignorance, were liable not to do this, and that, consequently, I could only authorize the term '*physician*,' as applied to myself. Indeed, to claim to be an exclusive homœopathist, in the sense of never departing from the law of similars, in prescribing or of giving the 'single remedy and the smallest dose' (or perhaps nothing), would not be honest in my case. I believe in the law of similars; so, too, I believe in other laws, and I employ the keenest discrimination of which I am capable in using them for the sick. I have never held to any other creed; I think I shall never be forced into any less liberal position.

"Holding that the '*regulars*' and the '*homœopathists*' practically represent the profession, I think the situation peculiar and deserving of the earnest consideration of all true physicians. I refer to the controversy about the code in the old school, and the antagonism between the liberals and the *highflyers* in the new. It would seem that the latter constitute the one flank of our school, and the fossils the flank of the '*regulars*.' Between these is a large body of cultivated, conscientious physicians, who it would appear might be united, and thus be made to constitute all that is really advanced and worth having in the profession. If so united, this body ought to control legislation and all appointments to U.S. State and municipal positions, for it would really represent the highest culture, the best judgment, and by far the largest amount of taxable property of any body claiming professional consideration. In order to effect so desirable a combination, it might be necessary to make mutual concessions—and among these, on our part, would doubtless be that of dropping the pseudonym of '*homœopathic*.'

"In the action of the old school '*history repeats itself*.' Necessity creates; age and pride render bigoted, but truth, at last, disintegrates all organizations. What is plastic is remoulded by the hand of progress; what is fossil remains to astonish the antiquarian. To

my mind the situation involves a warning and suggests a policy. Remembrance of injury, arrogance of wisdom, vanity of success, may hide the evil—they cannot disguise the opportunity. The resolution adopted by our professional brethren is broad enough for all who profess and call themselves physicians. It requires no compromise with conscience, suggests no sacrifice of truth; we can and ought to meet it *beyond the threshold*. Reformers should welcome reform—meet dissolving intolerance with open-handed liberality.

"Besides, are we perfect? Have we nothing false, offensive, non-essential in our school? It requires no prophet to tell that such stumbling blocks as conjecture and inconsistency, exclusiveness and transcendentalism, cant and hypocrisy, are to be wiped out of the future creed.

"Who does not see this will not wisely forecast the future—who does not act accordingly will fall beneath the exigency of the hour."

AN ACADEMY MEETING.

A commotion was created at a recent meeting of the Academy of Medicine by the introduction of the following resolutions by Dr. Austin Flint, Jr.:

WHEREAS, The New York Academy of Medicine adopted in its by-laws, as its standard of medical ethics, the code of ethics of the American Medical Association; and

WHEREAS, Each newly-elected member of the Academy is required to sign its constitution and by-laws; be it

Resolved, That the Committee on Admissions is hereby instructed to report to the Academy for election as resident Fellow no physician who is known to the committee to be in opposition to the code of the Academy, and who, as a consequence, cannot consistently sign the by-laws of the Academy.

Resolved, That these instructions to the Committee on Admissions be continued in force until the American Medical Association shall have modified or repealed its code of ethics, and such modification and repeal shall have been adopted by the Academy, or until the Academy shall have modified or repealed its by-laws referring to medical ethics.

As soon as the resolutions were seconded, Dr. C. R. Agnew leaped to his feet, saying he was surprised at the surreptitious manner in which Dr. Flint had brought them before the meeting. "It is evident," he continued, "by the rhetorical way in which he introduced them, by the large attendance of those favorable to them, and by the fact that those who were opposed to them were not notified that they would be brought up this evening, that Dr. Flint was prepared to have them passed." Dr. Agnew hoped that time would be granted for the attendance of those who were against the resolutions, and moved that they be laid on the table. Dr. Agnew's motion was lost.

The question on the adoption of the resolutions then came up. Dr. D. B. St. J. Roosa said that Dr. Flint was unworthy his distinguished father, who had said that the proper place for such dissensions was the County Medical Society. "This," said Dr. Roosa, "is not a spontaneous uprising. It has been created by a secret society that sends its orders to its members to be present on certain occasions. It has all the artifices of the methods of a political party. [Derisive laughter, which was quelled by President Barker.] I did not know of this action until too late to inform my friends of it. To characterize the efforts by which this resolution has been introduced would be unparliamentary. It originated with mercenary—" The conclusion of the Doctor's remarks were lost in shouts of "Order! Order!"

The President exclaimed that he would have order, and that members who were speaking should be protected. Dr. Roosa continued:

"I appeal to the regular profession to allow us [in an ironical tone], who are irregular, a chance to be represented on another occasion."

Dr. Flint got permission of the meeting to reply to Dr. Roosa's remarks. He said: "We have no reference to the State or county medical societies in the resolutions. The New York Academy of Medicine is the only one entitled to recognition in the American Medical Association. It is true we notified our friends, but we have no secret organization. The simple question is, will the Academy place itself in a proper light before the country?"

Dr. Agnew asked permission of the Chair to put a question to Dr. Flint. The question was:

"As the gentleman has confessed to cramming the meeting, I would like to know the methods he used." [Groans and derisive laughter.]

Dr. Weir thought due notice of the introduction of the resolutions should have been given.

The resolutions were passed—58 to 25.

Dr. Agnew obtained permission of the meeting to speak again. He said: "These gentlemen think because they have passed these resolutions by a bare majority that the principles embodied in them will stand. But they will not. Eternal truth is above them. Love of freedom is above them. [Jeers and laughter.] You may jeer. You will remember how Disraeli was once jeered; but the time came when he was heard. I am a much smaller man than Disraeli, but the time will come when you will hear me. [Renewed jeers.] I am willing to be put down if the Academy can afford it. The statutes of the State compel every society to recognize the new code of ethics. I cannot be dragooned to obey the behests of a certain number of gentlemen, who, Ku-klux-like, come here to put this resolution through."

Dr. Flint moved to reconsider the motion by which the resolutions were carried. Dr. Gouley seconded the motion, which was carried. Dr. Gouley then moved that the question be postponed indefinitely. This was done to prevent the bringing up of the question again.

Dr. Agnew asked: "Is it Dr. Flint's object to throttle the Academy?"

"Undoubtedly," said Dr. Flint.

Dr. Flint then introduced the following:

Resolved, That the Academy hereby disavows any sympathy with the action of the State Medical Society, which has put the profession of the State, through its State and County Societies, in an attitude of opposition to the medical profession of the rest of the United States.

Dr. Agnew was the first to speak after the Chair had stated the question. He said that he had been jeered and looked at threateningly by some of the members of the Academy. "But," he continued, "I am not afraid of the displeasure of men who have organized a society to throw the Academy into anarchy. I can boast of two lines of ancestry who stood up for their rights. I defy the gentlemen. I am astonished and ashamed of their efforts to stifle the freedom of opinion. If that privilege cannot be found in a scientific body, where, then, can it be found?"

The resolution was passed.

Dr. Weir arose and tendered his resignation as Vice-President of the Academy, saying he recognized the law of the State Medical Society, and not that of the Academy

in the matter of the code of ethics. Drs. Roosa and Agnew also presented their resignations. Dr. S. S. Purple, who was in the rear of the hall, created a storm of hisses by saying: "I hope the gentlemen have paid their dues." President Barker also offered his resignation, but shortly afterward withdrew it. A half dozen other members announced their intention of resigning. The Academy adjourned, to meet on the first Thursday in October, before a vote was taken on the resignations, but there will be no occasion to do so then, as they have been withdrawn, the resigning members preferring to remain and fight the matter out.

The *Evening Post* voices the lay press on this subject by saying editorially that "such a division means, of course, that instead of one code of ethics we shall probably now have two in use, in this State at least; but it does not seem that they will differ in any point but one. The regulars insist on maintaining 'the dignity of the profession' by forbidding consultations with homœopaths; while the irregulars insist on considering the interests of the sick simply, in all consultations. It is not difficult to foresee how the affair will end. The new code must eventually triumph, because all the influences of the times are on its side."

DINNER TO OLIVER WENDELL HOLMES.

The dinner given to Dr. Oliver Wendell Holmes, at Delmonico's, by the medical profession of this city, was a noteworthy affair. Dr. Fordyce Barker presided. On his right sat the guest of the evening, and on his left the Right Rev. T. M. Clark. To the right of Dr. Holmes were William M. Evarts and George William Curtis. After dinner Dr. Barker called the guests to order, and the health of Dr. Holmes was drunk with all the honors, including the poetical effusion of Dr. A. H. Smith, which, by the way, was a complete surprise. In reply Dr. Holmes read a characteristic poem of considerable length, which closed as follows:

Brothers in art, who live for others' needs
In duty's bondage, mercy's gracious deeds;
Of all who toil beneath the circling sun,
Whose evening rest than yours more fairly won?
Though many a cloud your struggling morn obscures,
What sunset brings a brighter sky than yours?

I, who your labors for a while have shared,
New tasks have sought, with new companions fared,
For Nature's servant far too often seen
A loiterer by the waves of Hippocrene;
Yet round the earlier friendship twines the new,
My footsteps wander, but my heart is true,
Nor e'er forgets the living or the dead
Who trod with me the paths where science led.

How can I tell you, O! my loving friends,
What light, what warmth, your joys welcome lends
To life's late hour? Alas! my song is sung,
Its fading accents falter on my tongue.
Sweet friends, if shrinking in the banquet's blaze,
Your blushing guest must face the breath of praise,
Speak not too well of one who scarce will know
Himself transfigured in its rosy glow;
Say kindly of him, what is—chiefly—true,
Remembering always he belongs to you;
Deal with him as a truant, if you will,
But claim him, keep him, call him brother, still!

The poem was greeted with loud and prolonged cheering and applause, and then Bishop Clark responded for the clergy and William M. Evarts for the bar. Dr. T. G. Thomas spoke for the medical profession, George William Curtis for literature, and White-law Reid for the press. Mr. Curtis who made the only

strictly literary speech, hinted at a parallel between Irving and the guest of the evening, which was perhaps rather calculated to suggest differences than a resemblance. The likeness really ends with the fact that one in New England and the other in New York first revealed the hitherto unsuspected opportunities for the development of a humorous literature. But their humor was very different; Irving found his materials ready in the provincial traditions of phlegmatic Dutch colonists; but the colonial traditions of New England when Dr. Holmes began to write were altogether too sacred to be trifled with. To laugh at the historical figure of old Peter Stuyvesant was one thing; but to the descendants of Cotton Mather and Winthrop nothing of the kind was allowable. New England was a serious place when Dr. Holmes came into the world, just as New York was a dull place when Irving made his acquaintance with it. It was a community in which the clergyman was not only an important social figure, but in which he still retained a large share of the old Puritan legal authority. He prescribed people's beliefs, reprimanded their sins, not privately and apologetically, but sternly and openly in the pulpit. He exercised a theocratic sway over everybody, and inspired an awe in all classes of the community, which is now difficult to picture to the mind. The very fact that there was little or no literature in the country, made his weekly discourse the intellectual event of the week. Politics was the relaxation of a community of which dogmatic theology was the serious mental occupation.

Dr. Holmes' verses suggested a conception of life which could hardly be called new, but which was novel in New England—as novel in another way as Emerson's pleasant eclectic philosophy, which was beginning to sap the foundations of dogma.

But it was not only as a successful humorist nor as a poet that Dr. Holmes was received. He was welcomed here by physicians who wished to do him honor as a member of their profession also distinguished as a man of letters.

A RECENT GRADUATE'S QUERIES RESPECTING STUDY AND FELLOWSHIP.

The following correspondence, sent us by a well-known practitioner of this city, is so pertinent to every-day experience that we have thought best to reproduce it in our columns, with the hope that it may be of service to our readers:

A RECENT GRADUATE'S LETTER ASKING ADVICE OF AN EXPERIENCED PRACTITIONER.

DR. ———:

Dear Sir:—At the age of twenty-four I have just graduated from one of the old school medical colleges of this city, and now commences the grim stage of life's battle. Looking out through the doorway, where all seems so new and strange, may I ask you, as one qualified by experience, to give me a few words of advice?

My first inquiry would be as to the advisability of a post-graduate course abroad. My Degree in Arts is, as you know, from one of the most favorably known colleges in this country, and my medical Alma Mater is certainly all that America can give.

Now, ought I at once to enter upon the exercise of my profession, or would I derive a practical advantage from devoting still further time to student life?

If the last clause of this question were concluded upon affirmatively, then the present would not be the proper moment for soliciting advice upon another point. But I will suppose the idea of further technical student life as not entertained, and that I am going to settle down at once into actual practice. I will also premise my second question with stating that I am not in any degree prepossessed by any of the various theories in medicine; indeed, it is one of my great surprises that there seems extant no really good foundation upon which to erect a theory of medical cure.

At the same time I have been a tolerably attentive observer of the several prevalent methods of medical practice, and thus far I am most decidedly persuaded that the common-sense faction of that practice which is called Homœopathic, whatever it may be, is the most gentle and the one which affords the greatest chance for life.

With this preface I put my question: What should be my professional stand and my professional affiliations?

Very respectfully yours,

ANSWER.

MY DEAR DOCTOR:

In reply to your first question, taking into account your age and circumstances, I should advise you to enter practice rather than take a European post-graduate course. If your means would permit you to devote your life to the pure science of medicine, I should say, by all means go abroad and stay for five years. But for the two callings—Practical Medicine and Scientific Medicine—two quite diverse courses of training are necessary, and it is rare that nature so endows one individual that he can be expert in both.

Your second question at first glance might seem a perplexing one, as the medical sea is now under a storm, and the latitude and longitude have to be obtained by a kind of "dead reckoning." The answer, however, is more simple than it may appear. Let your stand be that of a TRUE MAN—clear-headed, cool and fearless, knowing beyond the shade of a doubt that in the end truth and justice are never defeated. Let your affiliations go wherever they will be sustained by your self-respect, and nowhere else. Do not surrender one jot of your freedom in opinion and legitimate action to any person, clique, society or school upon earth. Whenever you find yourself a moral or intellectual prisoner, make your escape without one hour's delay. Do not give yourself up to any medical theory. The chief part of every theory is chaff; possibly from each theory you could get one or two grains of wheat—that is if you are an expert winnow. Blind adherence to any theory will reduce the value of your life and the length of your patients' lives. In brief, ever maintain that intellectual freedom without which you can make no claim as a scientist.

Very faithfully your friend,

HOT WATER AS A BEVERAGE.

It has become quite the fashion of late to use hot water as a beverage, and, as with all agents employed in this way, there is great danger of running the thing to an extreme, and thus do harm rather than good. It is in consequence of this that we find conflicting accounts of results, particularly in the lay press, and it is our duty as medical journalists to make the subject clear if possible. First, we should start upon the physiological foundation that agents taken into the stomach at a temperature varying from 100° F. are not in the most favorable condition to digestion, and that excessive extremes

from this point, not only retard this process, but sometimes set up a serious indigestion or perhaps an acute gastritis which may become chronic.

To obtain the therapeutic powers of hot water, it is important that it be taken as hot as it can be borne, and at a time when there is no food in the stomach! This point should be imperatively urged upon patients to whom this treatment is prescribed. Not long since an article appeared in the lay press warning people against the use of water above a certain temperature, upon the physiological grounds above indicated, and the advice was misleading, from the fact that the article in question did not consider the subject in all its bearings. Hot water when taken into the stomach under these physiological restrictions becomes one of our most valuable therapeutic means, and will relieve many an indigestion, gastritis, constipation, etc.

CO-EDUCATION IN MEDICINE.

Several medical schools have recently receded from the position of co-education of the sexes in medicine, and, so far as we have seen, without offering any reason therefor, although doubtless there is a cause. The Women's Medical Society of Chicago thus gives expression to its views on the subject in a set of resolutions, as follows:

WHEREAS, There are already in existence most excellent medical schools where co-education of men and women is a guaranteed fact; therefore,

Resolved, That the members of the Chicago Women's Homoeopathic Medical Society entirely disapprove of any effort to establish in this city a Homoeopathic Medical College for women exclusively.

Resolved, That the members of this society use their influence to induce women who intend to study medicine, to enter such colleges as are known to be permanently open to women, and distinctly in favor of co-education.

BIBLIOGRAPHICAL.

THE DISPENSARY OF THE UNITED STATES OF AMERICA. By Dr. George B. Wood and Dr. Franklin Bache. Fifteenth Edition. Re-arranged, thoroughly revised and largely re-written, with illustrations. By H. C. Wood, M.D., Member of the National Academy of Sciences; Professor of Materia Medica and Therapeutics and of Diseases of the Nervous System in the University of Pennsylvania. Joseph P. Remington, Ph.D., Professor of Theory and Practice of Pharmacy in the Philadelphia College of Pharmacy, First Vice-Chairman of the Committee of Revision and Publication of the Pharmacopoeia of the United States of America; and Samuel P. Sadtler, Ph.D., F.C.S., Professor of Chemistry in the Philadelphia College of Pharmacy, and of General and Organic Chemistry in the University of Pennsylvania. Philadelphia: T. B. Lippincott & Co., 1883.

With a promptness which is appreciated by the readers of the Dispensary, the fifteenth edition, newly revised, has appeared before the Pharmacopoeia has had time to be largely circulated, showing that the editors have had recourse to advance sheets, a practice the policy of which is questionable on the part of the committee of revision.

The Dispensary has always been looked upon as the interpreter and reviewer of the processes of the Pharmacopoeia, and, until the last edition, was the link between the hard facts of conservative medical knowledge

and the undefined new remedies working their way into the regular ranks of the proven *Materia Medica*. Whether from want of material, which was in part the fault of the committee of 1870, or from the causes that age and self-satisfaction naturally bring to men so successful as the editors, the book was not regarded as being up to the times, and left room for rivals with whom they will have to compete for the first place hereafter.

The old-fashioned way of dividing the book into two parts has been adhered to; this idea was original with the first editors, and is a custom peculiar to this Dispensary, which will leave room for criticism from reviewers, but which has two sides to argue from.

The worst that can be said of it is, that it takes longer to refer to any particular subject than if it had a continuous alphabetical arrangement, while in its favor is the fact that it groups the subjects into the most compact form to present them to the student, who has the best claim to attention.

The first noticeable new feature is the separation of the official names correctly into syllables, with marks for their pronunciation, which makes a dictionary of the book and renders the pronunciation uniform.

One of the most commendable additions to the practical reader is the conversion of the metric into apothecaries' weights and measures. The saving of time, trouble and errors by this improvement, will make the Dispensary invaluable as a book of working formulas; not that we think the adoption of the metric system is premature, but it will be some time before such a complete scientific change can be popularized.

Many unofficial formulas have been added, under their proper headings, as for instance "The London Throat Hospital Lozenges" and a list of recipes for elixirs.

Such articles as "*cinchona*," "*opium*" and "*aloes*" have been condensed and some of the unimportant commercial history cut out, which, with the addition of the new discoveries in the properties and uses in as compact form as possible, add to the value of the book as a ready reference, and the addition of a large and well selected mass of new material has not increased the bulk to an inconvenient size.

The present work shows abundant proof of new blood, new ambition and renewed success. Professor Wood is well known already as an author and authority on therapeutics, and as a writer peculiarly fitted for his position as one of the editors of a book which will be so much read; for, while his judgment and opinions are valued, perhaps, as much as any authority in the country, his articles have the happy merit of giving the reader not the idea of one man's views, but the condensed views and ideas of others as well, which while giving one a choice, lead him into a channel of thought which takes direction from his own well-studied opinions.

The two other editors are comparative strangers to the medical world outside of Philadelphia, where they have been favorably known for some years as popular professors in the Philadelphia College of Pharmacy.

The Pharmacy of the last edition was what showed its weakness and brought most of the criticism; and the Pharmacy and practical success of the present book is due to its pharmaceutical editor, Prof. Remington, the result of his untiring labor, his keen sense of what a physician and a druggist want, from his contact with students from all parts of the country, and the combination of the thorough business man with the theoretical druggist and hard worker, have brought about a result which recalls the traditional reputation of the Dispensary as the only book of its kind, and the necessary addition to the library of the physician and druggist.

But the editors of the Dispensary seem to have overlooked the fact that physicians are studying combinations of medicine more and more every year, and they need hints to enable them to apply properties of drugs in a manner not formulated in the pharmacopoeia, and a book of this kind would be more valuable to them if

it reached further ahead into new ideas; for instance, the writer wanted to know something of the uses of *pilocarpine*; he found but one dose hypodermically, two-fifths of a grain, a dose which no physician would give excepting in extreme cases. He found no strength given for use in the eye; and the experiments were made with an infusion from sixty to ninety grains, while in summing up, from twenty to sixty grains are recommended to be given in powder, diffused in water, or in the form of a fluid extract.

Aloin is recommended in doses of from two to four grains, when one-fifth and one-half grain doses are much more often used. The dose of *claterin* is given as one-twentieth to one-sixteenth of a grain, when one-tenth to one-fifth is given more frequently, for *claterin* is used only when a prompt and decided action is indicated.

The article on *aloin* would sadly mix up any one but a scientific reader as to what kind of *aloin* he should prescribe, or who had perfected the best process for its manufacture, not as a chemical, but as a remedy growing in popularity and spreading in its field of use, as different combinations of it can be made to suit its different applications. The article does not even give its strength in comparison with that of *aloes*, nor does it give the different therapeutical action.

A physician should not depend on his druggist to find the best way of dispensing a remedy, nor can he afford to resort to experiments with his patients to discover some of its qualities; and when the Dispensatory, edited as it is by a compatible mixture of therapeutical, chemical and pharmaceutical ability, will supply that want to the physician, its usefulness will be enlarged to an extent which will be appreciated as it ought.

The quality and style of the mechanical work is on a par with the well-known reputation of the publishing house which issues it, and we are pleased to learn that the financial success is assured from the fact that over 5,000 volumes have already been sold.

TWELFTH ANNUAL REPORT OF THE STATE HOMŒOPATHIC ASYLUM FOR THE INSANE, AT MIDDLETOWN, N. Y. Transmitted to the Legislature January 10, 1883.

The Superintendent, Dr. Talcott, herein presents the sixth annual report of the asylum since it came under his charge, and the ninth of its annual working (medical) existence. It strikes us as being somewhat more practical in its character and suggestions than some of the previous reports; and in this respect, at least, it will meet the wishes of our allopathic friend, Dr. C. H. Hughes, editor of *The Alienist and Neurologist*. In a recent number of that journal Dr. H. "goes for" the "poetic style" of Dr. Talcott's 1881 Report, in a most sarcastic and humorous manner, and says: "We should like to know something about these practical means whereby 50 per cent. of the patients are cured. And, instead of several pages of trite observations, written to slow music, it would have been much more serviceable to the ignorant medical public to have had the exact practical means abiding in homœopathy stated in so many words." And then Dr. Hughes takes the opportunity to rap "the homœopath, Worcester," over the knuckles, for his reference in his work on *Insanity and its Treatment*, to "two or three agents employed by the old school, whose use you will do well to bear in mind, both for your patient's sake, and because you will not want to see your patient pass into another physician's hands"—said agents being "chloral hydrate in doses of twenty or thirty grains, and bromide of potash in ten-grain doses!" Dr. W. well deserves the rap, as the practice of the Middletown Asylum has proved that no such resort need be made to "chemical restraint." Then Dr. Hughes concludes: "In the next report we shall regard it as an unpardonable offence if some demonstration is not made whereby we may at least faintly discern some

difference between 'old school' methods of treatment and so-called homœopathic 'practical means.'"

It is evident that Dr. Hughes has never seen Dr. Talcott's clever little brochure, "*Medical Notes on the Treatment of Mental and Nervous Diseases*," first printed in the pages of this journal—but, at all events, his very natural desire to know the "practical means" (by which homœopathy has secured, in the Middletown Asylum, a percentage "of the whole number treated," of 56.25 in 1874; of 42.85 in 1875; of 41.81 in 1876; of 46 in 1877; of 44.20 in 1878; of 40.33 in 1879; of 46.56 in 1880; of 49.11 in 1881, and of 45.61 in 1882) can be gratified by a perusal of some portions of Dr. Talcott's report for 1882. He will there see that, in addition to those other means of treatment of the insane, which are common to both schools of medicine, such as *seclusion* from those irritating circumstances which often environ them at home; complete and protracted *rest*; suitable *diet*, *cleanliness*, *kindness*, *occupation* and *diversion*, homœopathy pursues legitimate means for the successful treatment of insanity, in the practical application of the rule of *similia similibus*. It is this *therapeutic* feature of homœopathic treatment, Dr. Hughes, which enables the Middletown Asylum to turn out 50 per cent. of *recoveries*—though you say you "do not understand how they make their estimate. Apparently they have beaten Dr. Kirkbride, Dr. Gray, and all the noble army of able superintendents." Every homœopath will recognize the "how" of it, when he reads the following from Dr. Talcott's report:

"The remedies most effectual in the successful treatment of insanity may be divided into four groups: *First*—Those which affect the heart and circulatory apparatus. *Secondly*—Those which act specifically upon the blood itself. *Thirdly*—Those whose principal action seems to be upon the cerebro-spinal system. *Fourthly*—Those which affect the cerebral membranes and the tissues of the brain itself.

"In the first group we may place as leaders, *aconite*, *gelseminum*, and *veratrum viride*. In the second, *arsenicum*, *baptisia* and the various forms of *mercury*. In the third group we note *cimicifuga*, *ignatia* and *nuxvomica*. In the fourth may be named *belladonna*, *calcarea* in its various compounds, and *phosphorus*. Others might be added, but we simply enumerate here those which have been most frequently required, and which have been most serviceable in promoting favorable results.

"In selecting the *similimum* for each individual case, not only are the symptoms of the patient, in their totality, to be considered, but, likewise, the pathological conditions which exist.

"An affection of the uterus, the stomach, the liver, the heart, or the lungs may, by reflex influence, tend to produce cerebral disturbance and consequent mental aberration. Hence the condition of these chief organs of the body should be carefully examined, with a view to the general treatment.

"In course of medication it may be necessary to follow the use of one group of remedies by those of another before a cure can be completed. And it is essential that the line of treatment be carefully established at the outset, so that each group of remedies may be made to follow its predecessor in its proper and natural order, thus securing the best possible results.

"It is interesting to state just here that we have found some of the tissue remedies of SCHÜSSLER of peculiar value. *Calcarea phos.*, *kali phos.*, and *ferrum phos.* have all done good work in our hands."

To homœopaths these hints are sufficiently enlightening, but we advise Dr. Talcott to send to his St. Louis critic a copy of the little reprint before alluded to. It may convince him that our able Superintendent does not necessarily "write a whole report in song"; but can speak very definitely as to "the practical means" of treatment of insanity.

And the Homœopathic profession generally will also feel much indebted to Dr. Talcott if hereafter he will

furnish them, in his annual reports, with such solid information concerning the *therapeutical* experience gained in his asylum as may enlarge their knowledge and aid them in individual practice. Next year closes the first decade of the *medical* history of the Middletown Asylum, offering the first *reliable* collection of the *statistics* of homœopathic treatment of the insane. The value of these statistics cannot be gainsaid, when we consider the character of those who have had the asylum in charge, or the fact that it is established by the State, and under such conditions as render its results available for comparison with the results of the other asylums of the State under allopathic rule. These results should—by this time—be massing into something of practical value to the homœopathic profession.

Dr. Talcott gives a share of his report to the discussion of the much-mooted question of the day as to the *commitment and discharge* of patients. His views are practical and sound, and though conservative are not "hide bound." He believes "that physicians of short experience and limited reputation should not be allowed to furnish certificates of insanity. Those physicians only of large experience, of special study, and of established reputation should be permitted to act as medical examiners in lunacy. At least *seven years* of active practice should be required before a physician can be appointed as such an examiner. The present law requires but *three years' practice*."

"Besides restricting the work of examining the insane to those of experience and good reputation, there should also be imposed weightier responsibilities upon the judges of courts of record whose duty it is to approve certificates after they are made. Every judge, when a certificate is presented to him for approval, should be obliged to make inquiries concerning the nature of the patient's disorder, the circumstances of his relationships with those asking his commitment, and the character of the physicians who fill out the certificates. When these inquiries have been made with satisfactory results, he may then approve the commitment papers; or should any doubt rest in his mind, he should be required to call a jury and institute an examination in behalf of the alleged lunatic."

"*Public trial by jury, in every case of suspected lunacy, is seriously objectionable, and may, ordinarily, with safety be dispensed with.* And without distressing publicity, every judge may cause such inquiry to be made as shall be just, satisfactory, and protective of the interests and rights of all concerned."

"Under our present law the responsibility of discharge rests largely upon the Superintendent. If the law were amended so as to make the Superintendent and one medical and one legal gentleman (members of the Board of Trustees) a committee on discharges, and if this committee were to meet and act upon all doubtful cases at suitable intervals, we think this measure would be an improvement. Certainly it would lighten the weight of responsibility which now rests upon the Superintendent, and, beyond that, such means for discharge would, perhaps, give more general satisfaction to the public and to the patients whose liberties are involved."

There are other points in the report which we should like to notice, but space forbids.

H. R. S.

THERAPEUTIC HAND-BOOK OF THE U. S. PHARMACEUTICA, with some remarks on unofficial preparations. By Robert T. Edes, A.B., M.D., New York: William Wood & Co., 1883.

We have never been so impressed with the poverty of old school therapeutics as in turning over the pages of this work. Scarcely an article contains an intelligent description of the curative indications of a drug, for the reason that only its toxicological action is considered, without any reference to its dual action. No reference is made to *belladonna*, except what is contained in the article on *atropine*, in which reference is merely made

to its full drug action. *Rhus toxicodendron*, so potent in the hands of the careful prescriber, is dismissed with the brief remark that "it is difficult to see any indications for the use of this plant." "No distinct indications for the use of *pulsatilla*" are found. *Bichromate of potash* is not even mentioned. The use of *phosphorus* is only recommended in affections of the nervous system, and even here its efficacy is doubted. The indications of *aconite* are given in a few words. "In small doses frequently repeated, it is reputed a very efficient means of hastening the resolution of slight febrile attacks, such as attend tonsillitis or the evanescent febriculas of children dependent upon disordered digestion, or often upon some known cause. The shares due respectively to *aconite* and to nature, in these cases, are not easy to assign with accuracy. Febrile temperature in more severe cases is not easily controlled by safe doses. In rheumatism and neuralgia, especially facial, doses sufficient for the initial physiological effect should be used. In some rare cases of affection of the heart, where it is necessary to reduce the frequency of its action without increasing its force, *aconite* is a suitable remedy." And this is all of one of the most potent remedies in the *Materia Medica*. Let us place side by side with this summary of the virtues of *aconite* from an old school standpoint, a single paragraph from a little work on *Materia Medica* which happens to be within our reach, in which drugs are considered from a really scientific standpoint. "*Aconite* acts predominately upon the cerebro-spinal system, producing an exalted activity of the arterial circulation, paralyzing the arterial capillaries, and as a result giving congestions, inflammations of various parts, especially of the brain, spinal cord, serous and mucous membranes, muscles and joints. The leading expression of *aconite* is a feverish, nervous restlessness which characterizes its entire action."

To one at all familiar with the dual action of drugs this single paragraph is suggestive of its immense field of curative action. Of course it has no meaning to those who look upon drugs only as so much brute force wielded like a club.

We might go on quoting almost every article in the entire book as showing a like ignorance of the real value of drugs considered as remedial agents. As a work on therapeutics, it seems to us far behind the times, even of the old school, and as for any practical suggestions it may give to the physician, utterly valueless.

A MANUAL OF VENEREAL DISEASES, BEING A CONDENSED DESCRIPTION OF THOSE AFFECTIONS AND THEIR HOMŒOPATHIC TREATMENT. By E. C. Franklin, M.D., Prof. of Surgery in the Homœopathic Department of the University of Michigan, Surgeon to the University Hospital, Author of "Science and Art of Surgery," "A Complete Minor Surgery," "Monograph on Mammary Tumors," "Treatise on Spinal Curvature," etc. Chicago: Gross & Delbridge, 1883. Pp. 112, octavo.

This little book contains in concise form a summary of the present status of the views of the subject of which it treats, together with the treatment.

The text has already appeared in connection with the author's treatise, entitled "A Complete Minor Surgery."

The work shows the hand of a master, and will be found of service.

HERING'S DOMESTIC PHYSICIAN. Seventh American Edition. Philadelphia: F. E. Boericke, 1883.

We are pleased to be able to inform our readers that this popular work—which has been so long out of print—has reached its *seventh* edition, and may now be obtained; and as the copyright is held by the widow of the late author, it will be a most graceful tribute if the profession will bear the fact in mind when recommending a work of its kind.

REPERTORY TO THE SYMPTOMS OF INTERMITTENT FEVER. By William A. Allen, M.D. Phila.: F. E. Boericke, 1883. Pp. 108, duodecimo.

This little brochure adds another to the aids in the treatment of a dreaded affection, and will be of service to the symptomatologists.

CONTRIBUTIONS TO OPERATIVE SURGERY AND SURGICAL PATHOLOGY. By J. M. Carnochan, M.D. With illustrations drawn from nature.

Part VIII., just issued by Harper & Brothers, continues the discussion of shock and collapse, and the primary treatment of lesions, including the physiological anatomy of shock and the consideration of the time of election for capital operations required after extensive lesions. The writer discusses with great clearness and scientific precision the influence of the locality of the injury upon shock. Many illustrations are given bearing upon the pathological manifestations of shock and collapse after severe injury. The great charm of Dr. Carnochan's writing in the clearness and scientific accuracy of his statements and the beauty of his diction are apparent in this number as in all which have preceded it, and we do not wonder that he is receiving eulogistic letters from every part of the world. No such comprehensive and original discussion of shock and collapse has been published in any language. We shall look with interest for the next two numbers, which will probably complete the subject, when we hope the author will publish it separately in book form.

THE *North American Review* for May contains nine articles, nearly every one of which discusses some topic or problem at the present moment prominent in the public mind. In "Emerson and Carlyle," Edwin P. Whipple discourses with all his old-time keenness of psychological insight and perfection of literary form upon the strangely diverse mental and moral characteristics of those two great thinkers. Prof. Felix Adler offers "A Secular View of Moral Training," arguing that the current skeptical habit of thought demands an independent system of practical ethics, based primarily on observation rather than on revelation.

THE *Century Magazine* for May contains an interesting study of Salvini's "King Lear," with illustration, and a variety of other interesting reading. The management announces a "new departure" in the way of a department entitled "Open Letters," which shall cover, in a brief and pithy manner, the leading current events in literature and invention of interest to the general reader, and its enterprise will doubtless be rewarded.

DR. DUDGEON'S LECTURE.

The third annual "Hahnemann Lecture," delivered before the London School of Homœopathy, was given in December last, by the distinguished Dr. R. E. Dudgeon, and it is now before us in form of a very artistic little duodecimo volume of 112 pages. The occasion naturally required a eulogy upon the inventor of homœopathy, and the demand is most fully and heartily met. The incidents of Hahnemann's life, the labors which he performed and a comparison with many notables in medical history are all repeated with the cleverness which belongs to a mature scholar animated by a true interest in his subject.

In one respect, however, the lecture is decidedly unusual. The author is too close an observer to let his enthusiasm run away from facts, and pages 51 to 71 are chiefly devoted to a criticism of Hahnemann's theories. He says (p. 52) "He became a seer of apocalyptic visions in his old age."

"He tells us that disease consists in an alteration of the vital force, which he seems to regard as a distinct

entity," which hypothesis the author of the lecture says "is now generally regarded as false, consequently a theory of disease founded on it can find no acceptance in the present day" (p. 53).

This theory, Dr. Dudgeon says, led Hahnemann to another theory, that medicines by trituration and succussion "become spiritual, immaterial forces, without a substratum of matter" (p. 55).

And this again to the hypothesis that "the power of medicine was increased by dilution" (p. 56).

Of the Hahnemann theory of Psora, our author says, "it is a mere theory, and as such is inconsistent with Hahnemann's oft-repeated denunciations of pathological theories and speculations" (p. 58).

The author also condemns Hahnemann's practice of proving remedies upon sick people (p. 60), and his dictum that the 30th dilution was the best for all cases of disease (p. 61). Hahnemann laid it down as a rule, that every proper dose of homœopathic medicine should produce a "homœopathic aggravation." Our author says, "There are few who have ever observed this so-called homœopathic aggravation in disease from any dose, great or small" (pp. 62, 63).

He finds that in accordance with Hahnemann's own statement in note to Sec. 270, "Organon," there is no reason for diluting medicine at all (pp. 63, 64). He speaks of the fact that in 1833 Hahnemann eagerly accepted Ægidi's proposal to give double remedies (p. 65).

The Cœthen period of Hahnemann's life is spoken of as being the time when he "abandoned the safe and fruitful path of observation and experiment for the hazardous and unprofitable way of speculation and hypothesis, the folly of which he had previously demonstrated" (p. 66).

It was at this period that he adopted the vital force hypothesis; the spiritual medicine; the increase of medicinal power by trituration and succussion; the origin of chronic diseases from three fixed miasms; the anti-psoric power of certain substances; the fixing upon a certain dilution as being the proper one for all diseases, etc. The author claims that "the dogmatism and intolerance that are so conspicuous in the writings of the septuagenarian hermit would never have been developed in the society of sharp witted and independent companions" (p. 60), and that the practitioners of homœopathy would not, as now, have been so handicapped in medical controversy.

The disciples of Hahnemann, he says, have put these theories to the test, and have more or less rejected the hypothesis of the Cœthen period (pp. 71, 72).

He seems to sum up Hahnemann's chief merits to consist in "his discovery of the general therapeutic rule, *similia similibus curantur*, and in his immense and self-denying labors to render the application of this rule possible by proving remedies on himself and others" (p. 72).

The foregoing comprises the essentials of the lecture so far as concerns the real subject—Hahnemann. F.

OBITUARY.

CHARLES H. MOORE, A.M., M.D.

After months of painful illness, Dr. Chas. H. Moore died on the morning of April 18th, in his 33d year.

He was born in Stillwater, N. J., where his father (Dr. Chas. V. Moore) and mother still reside. Entering Princeton College at an early age, he graduated there with distinction in the class of '70. Choosing his profession he began soon after the study of medicine, and graduated with honor from the College of Physicians and Surgeons in this city in 1873. After a few months spent in Europe he engaged in practice in Jersey City, N. J., where, in a short time, he attained conspicuous success as a physician and social standing. During his entire residence in Jersey City he was physician to

the "Children's Home," devoting such time and attention to the little unfortunates who there found a home that the unusual record was made of but a single death in seven years among the inmates of that institution; he was also for several years visiting physician to St. Francis' Hospital, Jersey City.

He was elected a director of the Board of Education of the same city by a large popular vote, and while a member he was instrumental in instituting reforms which saved expense without impairing the efficiency of the school system.

From these positions of public trust and responsibility, as well as others of a more social nature, he resigned in 1880, and having a large private practice, removed his residence to New York; here he soon began to investigate the principles of homœopathic therapeutics, and becoming convinced of their scientific truth, he grew to be an ardent believer in their wide range of applicability in disease; yet he never found it necessary to give up any established facts in medicine or experience, but rather they were confirmed in many instances by later observation and practice. His culture was too broad to be confined by narrow theories or beliefs, but he aimed to perfect himself in the whole domain of medicine as a general practitioner, and to that end he devoted much of his leisure time to taking special courses.

In 1881 he was appointed one of the visiting physicians to Ward's Island Homœopathic Hospital, and held the same at the time of his death.

With a modesty strengthened by knowledge, he never sought positions of professional honor, but when they came to him he brought to them a devotion which won the high regard of his associates and the friendship of all who came in contact with him; his fine presence, genial manner and sincerity of character endeared him to his professional brethren; he needed no code of ethics to guide his conduct; entirely above a questionable motive or act himself, he looked for the same quality in others.

Through trials of pain and defeated hopes his spirit was ever brave, and he rarely complained. Once he said to the writer: "It is rather hard to give up life at thirty-two, but it is all right." Even when light forsook his eyes, and day and night were as one, and power to move was gone from him, he did not long murmur, but met every new affliction with calm courage.

Had he lived in health he must have attained a still higher rank in our profession, but in the spring-time of manhood and usefulness his great heart is still. We may remember him as a true man, a conscientious physician, a pleasant companion, or a devoted friend—one or all; but we may well cherish a noble character, and emulate virtues which adorn life, and live long after flesh has lost its form.

D.

said bodies), taking a general supervision over medical affairs. Some time back the present Government appointed a Royal Commission to inquire into the matter. This Commission has reported, and the Government have brought in a bill based on their report. The bill provides for the appointment of a Medical Board for each of the three divisions of the kingdom—England and Wales, Scotland, and Ireland. These Boards are to be composed of representatives of the various licensing bodies now existing. Their chief functions will be, each in its own division, to frame schemes for holding the *final examination* for the admission of candidates to registration as medical practitioners; to appoint the examiners; to determine the nature and conduct of the examination. No candidate who has not passed this examination will be admitted to the register. In this way a minimum standard of excellence will be secured. The old teaching and licensing bodies will conduct their teaching and examining as before, and grant their degrees; but these degrees will not in themselves entitle to practice without the diploma of the divisional Medical Board. The latter will be sufficient in itself to entitle to practice, but it is expected that men and women (for women share in the proposed benefits of the bill) of spirit will not be content with the bare license to practice, but will seek in addition the old honorable titles as before. These when attained will be registered if they are considered by the central authority to be proof of more merit than the regulation diploma insures. The Medical Boards will also have to ascertain the sufficiency of the education provided by Medical Schools.

The Boards themselves will be presided over by a Medical Council. This will differ from the present body which bears that name, in that it will be composed of fewer members, and will have four representatives of the general profession, which the present Council has steadily resisted; crown nominees as before, etc., instead of direct representatives of the various corporations—representatives of the three Boards. This will constitute the central authority, and will have power over the three Boards.

Whilst the Commission, on whose report the present bill is founded, was sitting, our late colleague, Dr. Bayes, who was in some way prevented from giving evidence personally, made a written representation to the Commissioners, setting forth the necessity of in some manner providing for the efficient teaching of the principles and practice of Homœopathy, and for examining those taught, and certifying the thoroughness of the teaching. This, as every one expected, has received no notice.

Just at this juncture, singularly enough, the two ancient and most respectable bodies, the Royal College of Surgeons of England, and the Royal College of Physicians of London, after ages of standing off from each other, and one or two feeble attempts at union, have at last decided to enter on a three years' partnership. It would have been, perhaps, more becoming in these august bodies to have waited till the fate of the Government Bill was decided before taking this action, but it may interest your readers to know what it amounts to. The College of Surgeons can grant only a diploma in surgery. The examination for this diploma, however, covers the whole ground of medicine, and entitles its holder to practice all its branches. Some, not content with this, like to have in addition a physician's degree, which they may obtain from a university, or a physician's diploma, which the Royal College of Physicians of London can grant. A man is then said to be "doubly qualified," or to have a "double qualification,"—each diploma in itself entitling to practice. The two examinations, of course, cover, to a very great extent, the same ground; and it has long been felt that if the two colleges could come to an understanding, students who wished for both diplomas might have their efficiency tested satisfactorily with much less

CORRESPONDENCE.

OUR LONDON LETTER.

MESSRS. EDITORS:—One or two errors have crept into my letter which appeared in your March issue. I said the tincture made from the flowery tops and leaves of *acouite* was "perfectly efficient in fevers, etc.," not *passably* efficient, as appeared. In the third paragraph, "the success of the school" should have been "this session of the school." In the last sentence but one of the fourth paragraph, "looking out" should have read "looking only."

There is some hope that the present anomalous condition of medical education and examination in this country may be brought to a speedy end. We have at present *nineteen* different examining and degree—or license—conferring bodies, and a general Medical Council (composed of crown nominees and representatives of the

trouble than the present dual system entails. An understanding has been come to at last, but it is of such a nature that if it is finally decided on students are likely to seek their qualifications from some less unreasonable body than the proposed joint body promises to be. In the first place, neither body is to give its degree separately, as formerly. This means that a student who would have been modestly content to take his College of Surgeons diploma, or *vice versa*, will in future be compelled to go in for the joint examinations, take both diplomas, and pay fees to both colleges.

The weak points in our hospital system have been fearlessly exposed by Mr. H. C. Burdett, in the *Nineteenth Century* for March. The semi-private special hospitals, got up to puff some specialist aspiring to become eminent, receive well-merited castigation. Grave abuses in the management and working of larger hospitals are also pointed out; and a suggestion is made that all hospitals should be put under government control built on definite principles, periodically inspected, and the relations of hospitals to medical schools defined.

At the next meeting of the British Homœopathic Society, the question of the Society's work in arranging and presenting pathogeneses will come up for discussion. The sample provided by "The Acids," as arranged and presented in the last number of the *Annals*, will form the text of the discussion. It is most satisfactory to see the ultimate authority for the symptoms of the drugs we use set forth thus in their proper connection, but it is plain that some method of condensation will have to be adopted, and repetition thus avoided. When the means for effecting this are agreed on, this work should be pushed on. The production of the monographs of the Hahnemann Publishing Society is such a slow process that little is to be hoped for from that source.

The *Lancet* continues to weep over your new Code of Ethics. It has a high opinion of the majority of the medical profession in New York, as it can think of no other reasons than *pecuniary* ones to account for their action!

Yours fraternally,

JOHN H. CLARKE, M.D.

15 ST. GEORGE'S TERRACE,
GLOUCESTER ROAD, S. W., April 2, 1883.

A RESPONSIBILITY INDEED!

MESSRS. EDITORS:—It is difficult to deal with an antagonist who shifts his ground the instant he is attacked, and who insists on misunderstanding the plainest language. My humble remonstrance in the March number of the *TIMES* was called forth by Dr. Taylor's distinct declaration, as follows:

"We must without delay get rid of all dynamizationists and high potency men," because, "were it not for their pernicious doctrine, the regular school at this day would have no ground for objection against homœopathic practitioners." In other words, *this one single doctrine of dynamization* constitutes the sole remaining barrier between the two great schools of medicine. My quotations from Beard and Hunt were intended to show that this is *not* the case, but that, in fact, "regular recognition" is withheld from us, either because we continue to support the dogma of similars (whether as an exclusive doctrine or otherwise), or because we refuse to drop a certain designation, there being assumed to be at present no important difference between our actual practice and that of the old school. Dr. Taylor in reply says that his warfare is being waged for the purpose of placing homœopathy right before the whole medical world. "Homœopathy," he tells us, "is not an exclusive system. The dogma of *similia* is not a universal dogma." It is on these two points, Dr. Taylor *now* asserts, that "scientific investigators of the old school are being led into error by Internationals," and he proceeds to sustain his new indictment by the

following quotation: "Hahnemann believed, his followers believe, that the Almighty, having given us medicinal substance which, when taken into the system, produce in every instance each a distinct and separate action. He at the same time gave us a law for the application of these substances in the cure of disease."

This passage Dr. Taylor puts forward as having originally proceeded from "Dr. David Hunt—regular—of Boston," and as having been inspired by the Internationals—whereas, if he had read my article with any degree of care he could not have failed to perceive that it was cited *verbatim* by the latter gentleman from Dr. J. W. Dowling's well known answer to Prof. Palmer in the *North American Review*. It is not only an expression of Dr. Dowling's individual views, but it is part and parcel of an essay which has been accepted by the homœopathic school in both hemispheres as an authoritative and reliable exposition of their belief, and as such has been printed in separate form and scattered broadcast over the land, without anyone, so far as I am aware, having found the slightest fault with it. And now comes forward Dr. Taylor and charges that these words of Dr. Dowling embody a gross perversion of the truths he professed to champion, inasmuch as Hahnemann, in the first place, only believed that "drugs, when taken into the system, produced in some instances distinct and separate actions," and, in the second place, "repeatedly declared that he himself was the first to discover the application of drugs, according to the law of similars," neither the Almighty nor Hippocrates, it appears, having had anything to do with it. We see, therefore, despite Dr. Taylor's repeated assertions, that it is *not*, after all, the Internationals alone who have been mistaken by Drs. Beard and Hunt for expounders of homœopathic doctrine, who have led our "regular" brethren into quagmires by holding out false lights, and "who are perpetually hauling the Almighty and the spirits into the arena of controversial medicine." With them must now be joined in infamous companionship the ex-dean of the New York Homœopathic College, and author of the most approved popular defence of Hahnemann's system which has been published in these later years! "Overboard with Dowling and the Internationals!" must henceforth be the watchword of Dr. Taylor and his followers. They will find it, I fancy, no light undertaking to make a Jonah of the stalwart professor—a baker's dozen of Lilliputians might almost as well have attempted to capture Gulliver—but it will be rare sport to see them "put their shoulders to the wheel," and try to "heave" him.

I shall wait with impatience for Dr. Taylor's next onslaught.

PROTECTION FROM VENEREAL DISEASES.

MESSRS. EDITORS:—In the *Medical Record* for February 24, appears an editorial on "The Protection of College Students from Venereal Diseases," showing the tendencies of students to frolics and venereal excesses, and urging upon college faculties wholesome advice to their students in this matter.

In justice to Cornell University and its professor of physiology, etc., I wish to state that every entering class of the University, from its beginning, has received the very best advice on this subject; and for those who could not hear the lectures on reproduction, a little work was written, entitled, "What young people should know," in which the physiological and moral sides of the question are ably treated. The lectures on Hygiene and "Emergencies" are supplemented by a little pamphlet containing excellent advice in the form of concise rules and aphorisms.

In his personal intercourse with his students, the professor has always inculcated the greater manliness of restraint. That boys "will be boys," is a truism often used as an excuse for frolicking; and while there are some whose sensual natures can be kept in abeyance by

moral and religious convictions, many allow the exuberance of youth to assert itself.

Admitting this, college authorities can accomplish much by appointing responsible parties to whom students can freely apply for proper medical treatment, venereal or otherwise.

Respectfully,

E. R. CORSON, M.D.

LIQUOR CALCEI CHLORINATE IN DIPHTHERIA.

MESSRS. EDITORS:—Dr. G. G. Tytler, in his "Thoughts on Diphtheria," published in the April number of THE MEDICAL TIMES, remarks that "the *liquor calcei chlorinata* has been faithfully tried and given up."

My experience during this winter has fully corroborated my views on the virtue of this remedy in the most malignant cases of this disease.

In one family three children had died previously, of the malignant form in ten days; for the fourth and only remaining child—an equally malignant case—I was consulted, and the *liquor calcei chlorin.* showed its usual power in subduing the disease.

The same result was achieved in another malignant case of a baby, eight months old, where three children had died previously, of the respective ages of three, five and seven years. The dose was in this case fifteen drops in half a tumblerful of water, with *gum arabic*—a teaspoonful every fifteen minutes. For older children or adults I do not hesitate to give from twenty to twenty-five drops in the same way.

It must here be observed, that in most cases where the redness of the pharynx was intense, *belladonna*, first to third dilution, was alternated every fifteen minutes with the *liquor calcei chlorinata*. The *belladon.* being considered as a complement of the former.

In these malignant cases, if a favorable result is to be obtained, these remedies must be repeated every fifteen minutes, day and night; only occasionally, if there is the slightest improvement; a few hours of sleep may be permitted. By this constant repetition we can alone hope for a successful issue.

Although generally an enemy to all stimulants in most cases of sickness, I have found in diphtheria a weak preparation of milk punch extremely beneficial. A teaspoonful of the best French brandy is mixed in a tumblerful of milk, of which a teaspoonful is given *before each drug* medicine. This slight stimulant seems to afford an impulse to the healing powers of nature.

It is only by a combination of these different measures that an *extirpation* of this poison in the blood may be looked for.

C. NEIDHARD.

PHILADELPHIA, April 11, 1883.

ALLEN'S ENCYCLOPEDIA OF MATERIA MEDICA.

MESSRS. EDITORS:—As my letter, published in your journal last January, has called forth comments from several quarters, I desire, with your permission, to make a few remarks on them.

Had I remembered, as I admit I ought to have done, that the Bureau of Materia Medica intended to take the initiative in devising some plan for the setting forth of each drug, as mentioned by Dr. Dake, I should not have written at all. My chief object in writing was to prevent, as far as I could, Allen's Encyclopedia from being set aside as worthless, on account of the numerous errors which competent critics have discovered in it. At the same time, I felt that while accepting these criticisms as just, I should be furthering the end I had in view by venturing on a suggestion which might enable us to utilize the labors of the editor.

The *Medical Advance* thinks that my plan is "too Utopian;" that there are not enough men in the State with time and ability to do the necessary work, and urges that for years the publishers of Allen's Encyclopedia had tried to get some men of professional prominence to do the work, but failed in finding any, and that

the same object had been striven for in the Institute without success. But it must be remembered that the work that Messrs. Boericke and Tafel and the Institute vainly sought to get done was that of "collecting and compiling material from various sources in the literature of our school." This has been done, and, indeed, overdone! All that is needed now is sifting and correcting. Surely the United States of America, with its 6,000 or 7,000 homœopathic physicians, its thirteen colleges, each with an average staff of eight professors, with its yearly increasing army of young graduates, who have supplemented their college curriculum by visiting, for lengthened periods, the schools of France and Germany, and have, in so doing, made themselves more or less familiar with the languages of these countries, could find eighty men able and willing to turn to the references Dr. Allen has provided for them, and revise the work he has prepared! The revision in the *North American Journal* is all very well, but at the present pace it will not be completed ere this century has run its course! Meanwhile we need a reliable statement of the *positive* effects of 150 or 160 drugs, so arranged as to be available, not only for study, but to meet the daily exigencies of prescribing. So far as I can see, the speediest way to get it would be that I have suggested. I cannot but think that Dr. Wilson underestimates the literary ability, the scientific capacity, and the industry of his professional brethren in his own country. So sure am I that he does so that I could, sitting here in old England, almost name the committee of eighty I have proposed! I believe better things of American homœopathic physicians than Dr. Wilson seems to do.

In your article referring to my letter, and also in one that appeared in the *Hahnemannian Monthly*, it seemed to be hinted that I claimed originality for my criticism of Dr. Allen's work. This, however, is entirely a mistake. I have simply accepted the conclusions of competent critics. Moreover, I find on reference to Dr. Dake's letters in the latter journal of 1876, that his objection was restricted to many of the drugs and *quasi* provings in the Encyclopedia. The objection raised by Dr. Dudgeon, Dr. Burnett, Dr. Hughes, and others, has not been to the substances introduced, but to the mis-translations, the errors in copying, and mechanical work of that kind. It was a very absurd thing to put in *cimex lectularius* and similar rubbish, the "provings" of which are useless on the face of them, but it was only absurd and wasteful of paper and space; while the errors pointed out by Drs. Dudgeon, Burnett and Hughes make the work worthless until they are corrected. They destroy one's confidence when examining the pathogenesis of even so valuable and powerful a drug as the *nitrate of silver*, for example.

Dr. Dake did, however, draw attention at the Philadelphia Convention, in 1876, to some still more flagrant editorial errors, to which he again refers in his paper in your journal of February. But, as we all know, no one beyond his hearers had any opportunity of deriving advantage from his searching criticisms until 1881! I have just looked through that paper, as it appears in the transactions again; and if Dr. Dake had done nothing else in reference to Materia Medica, that paper alone stamps him as the right man in the right place when presiding over a Bureau of Materia Medica. He knows exactly what practitioners require, and just the sort of material they ought to have.

With Dr. Dake again, I sincerely hope that no unjust measure of depreciation may be dealt out to the Encyclopedia. It was to aid in preventing such a catastrophe that I wrote at all. Neither do I desire to undervalue anything we have, but I do desire something better, for all that.

I may add here, that of all the schemes for presenting a drug in a manner useful to the practitioner and to the student, I have never yet seen anything comparable with Dr. Drysdale's arrangement of *kali bichromicum* for

the Hahnemann Publishing Society, issued thirty years ago. On the question of a plan, I say "ditto to Drysdale!" I am yours truly, ALFRED C. POPE.

TUNBRIDGE WELLS, Easter Monday, 1883.

AN ADDRESS TO THE MEDICAL PROFESSION OF THE STATE.

"The Association for Preventing the Re-enactment in the State of New York of the Present Code of Ethics of the American Medical Association to the Medical Profession of the State of New York:"

"When very many members of a learned and liberal profession come to the conclusion that the rules by which their relations to their colleagues and to the public have hitherto been regulated have been injurious to themselves and to the community, it is evidently the duty of persons having these convictions to labor for the abolition of such rules and to state clearly the reasons why they should no longer be enforced.

"The Code of Ethics of the American Medical Association which is now in force is identical with that which was in authority in the Medical Society of the State of New York, and which was abolished at the annual meeting of that society in February, 1882. It appears from the proceedings which led to the abolition of the code in the State of New York, that there had been a gradually increasing conviction among its members that some of the provisions of the code were arbitrary and illiberal, and that a larger liberty should be granted the members of the society in the performance of their professional duties. After a full discussion of the subject a vote of the society was taken, and by a constitutional two-thirds majority the old code was abolished and a new one was enacted in its place. Among those who voted for the substitution of the new code for the old one were many who preferred the entire abolition of the special ethical code as unnecessary for the guidance of an honorable and learned profession. But the members who took this view of the subject were willing to unite with those who were less radical than themselves, in order to secure the abandonment of the most obnoxious features of the old code.

"At the annual meeting of the Society in February, 1883, a strong effort was made by the advocates of the old code to undo the work of the previous year and to re-establish in this State the code of the American Medical Association. For this purpose no exertions were spared to secure the election of delegates who were in favor of the proposed retrograde movement. But the efforts which were then made failed to secure the votes of even a majority of the members of the Society.

"It is well known, also, that a strong effort is now being made, even by coercive measures, to secure in advance such a representation at the meeting of the Society in 1884 as will undo the work which was done in 1882 and 1883. Believing that such action would be injurious to the honor, dignity and usefulness of the profession, and to the best interests of the community, we earnestly entreat the members of the profession to give the subject their serious consideration, and to use all honorable and legitimate means to prevent the re-enactment of the present code of the American Medical Association by the Medical Society of the State of New York. It appears to us to be particularly important to preserve to each member of the profession perfect liberty to decide for himself with whom he shall consult in order to secure the best interests of the sick.

"The arbitrary rules which have to so large an extent controlled the actions of medical men, and which were originally designed to defeat the efforts of irregular practitioners to gain influence with the community, have signally failed to accomplish the object in view. These rules also have not commanded the respect of intelligent men in other professions. They have been regarded as belonging to the same category as the rules by which the

various trades unions have infringed upon the individual liberty of their members, subjecting those who resisted the arbitrary action of the majority to the greatest indignities, pecuniary losses and even personal sufferings. We call upon all fair minded medical men to unite with us in freeing the profession from this stigma, and in giving all its members perfect liberty to practice their art in accordance with the dictates of their own consciences, and with the enlightened opinion of intelligent men who are engaged in other pursuits.

"There are indications that the movement which has begun in this State is destined to extend throughout the Union and to end in establishing a larger liberty than we have hitherto enjoyed, and in increasing the usefulness of our profession, and in giving it a more honorable position in the State and in the nation."

The General Committee was increased to one hundred, and papers were submitted with over two hundred more signatures, approving of the action contemplated by the committee.

BOERICKE & TAFEL'S PHARMACOPEIA.

MESSRS. EDITORS: In the March number of your valuable journal we find a notice relating to the "American Homœopathic Pharmacopeia," in which is stated that it "has been suppressed by the courts after a short suit," etc.

Well aware that you would not knowingly give currency to a mis-statement, we beg to offer the following correction:

There was no lawsuit in the case, short or otherwise, for as soon as our attention was drawn to the fact that some copyrighted articles had been incorporated in the book, we called upon the parties who felt themselves aggrieved and the matter was amicably adjusted, no damages being claimed or paid by us.

The balance of the edition was immediately withdrawn and a new edition is now completed, revised by Dr. J. T. O'Connor, late Professor of Chemistry at the N. Y. Hom. Med. College.

We expect to have this ready for delivery by the end of May.

Respectfully,

BOERICKE & TAFEL.

TRANSLATIONS, GLEANINGS, ETC.

QUININE A CAUSE OF INSANITY.—The father of a Washington lawyer, guilty of escapades, has recently given the following explanation of the erratic victim: "Thinking it a safe thing to do, my son has been in the habit for months of carrying quinine in his pocket and taking it in small but frequent doses, and the result is an elevated, sanguine state of mind, quite beyond the bounds of reason. His memory is not yet impaired, and the marked improvement already consequent upon being deprived of the drug, gives his friends reason to expect complete restoration in a short time." Two cases in which insanity always followed upon the use of quinine are reported in the *Journal of Mental and Nervous Diseases*, July, 1881.

PHOSPHORUS.—Danillo asserts that toxic doses of phosphorus produce either central or diffused myelitis (*Journ. de Méd. de Paris*, Sept. 9, 1882), and that in acute phosphorus poisoning, hemorrhages are formed in the central nervous system. Large doses of phosphorus produce central myelitis and extravasations along the whole length of the spinal cord; whilst smaller doses produce diffused myelitis, involving both white and gray matter. The morbid nervous phenomena observed in phosphorus poisoning may be referred to one or other of these forms of myelitis.

THE PRIX VOLTA.—The French Government has decreed the creation of a prize of fifty thousand francs, which is to be called the Prix Volta, and awarded in 1887. The prize will be given to the author of the discovery which shall increase the facility of the application of electricity in one of the following departments: (1) As a source of heat, of light, of chemical action, of mechanical power, as a means of transmission of messages; and (2) in the treatment of disease. The second article of the decree states that savants of all nations may compete. The third article fixes June 30, 1887, as the last day for putting in claims.

CHAMOMILE FLOWERS IN INFANTILE DIARRHOEA.—Christopher Elliott, M.D., has made a notable discovery, (?) which he thus announces in the *Practitioner*: "The flowers of *anthemis nobilis* have long been an article of the Materia Medica, and were formerly held in high estimation as stimulants and tonics, especially in dyspepsia. Unaware that Ringer had recommended it, I was led to test its value in infantile diarrhoea, and my first trials having proved satisfactory, I now seldom employ any other remedy in this complaint. My observations completely indorse those of Ringer, for I find it especially useful in the diarrhoea connected with dentition, when the stools are many in number, green in color, or are slimy or streaked with blood. The presence of pain and cramp I consider the best index for prescribing this medicine, as a few doses will quickly calm and quiet a fretful child. The rationale of the treatment is explained, I believe, by the power which *chamomile flowers* possess of subduing reflex excitability."

ENTOMOLOGY AND LEGAL MEDICINE.—M. Meguin (*Le Prog. Méd.*) had to give a legal opinion under the following circumstances: A dried and mummified cadaver of an infant was found, which contained within the visceral cavities the remnants of a large number of insects; it was necessary to study the rôle of these parasites and determine the time that they had taken to bring the body into the condition in which it was found. The body was enclosed in a double box, the sides of which were badly jointed; the linen surrounding the body was filled with a large number of shells, open pupæ for the most part, showing that perfect insects had escaped. The integuments, destroyed in great part, were replaced by a yellowish powder composed of the remnants of acari, of the species *tyroglyphus longior*, and their dejections. In the cranial cavity the remnants of *dermestes* and *anthrenes* were found, and finally upon the hair, *pediculi capitis*, whose death had been contemporaneous with that of the child. From an examination of these insects and their metamorphoses, M. M. affirmed the death to have occurred 18 months or two years before. Later the testimony of the mother confirmed this opinion.—(T. M. S.)

TREATMENT OF GOUT.—Drs. Espanet and Milcent write as follows: In the acute onset of true gout or hydrarthrosis, *canth.* and *apis* are the chief remedies. Later, or in chronic conditions: *sulph.*, *calc.*, *merc.*, and especially *iod.*

For painless swellings and an accompanying anæmic condition, *mang. acet.*

In the obstinate forms we may use, in addition to the internal treatment, immobility and compression. Friction, and even *iodine* injections have rendered good service, and are sometimes indispensable.

Symptomatic gout.—Although this condition may seem subordinate to the one in which it occurs, it nevertheless has a sufficiently important rôle to make the following indications valuable: *Sabina* corresponds best to this condition, especially with the following

symptoms: A tearing pain, with marked aggravation from motion and touch; inflammatory redness of the great toe; fever, with nocturnal aggravation; sense of heaviness of the affected foot.

China. Pain and swelling of the toes, worse from motion and touch, also during the evening and night. Fever of a remittent character, and many of the general symptoms of gout.

Arnica. Inflammatory redness and swelling, with a pain in the great toe as though wrenched or bruised.

Bryonia for rheumatic complications.

Belladonna. Swelling of the joints, with inflammatory red streaks; also burning, stitching pain; worse at night.

Calcarea is of service when the attacks are periodical and nodes are present.

To prevent relapses, *kali carb.* In uncomplicated and chronic gout, *sulph.* When the great toe is affected with swelling and crepitation, Dr. Ide uses *silicea*.

Causticum. Chronic gout, with nodes, tophi, pains and contractions.

Lycopodium. Tophi, pains in the hands, bloody urine.

Colchicum. When there is no swelling, or it has disappeared. Also *rhodo.*, *aurum*, *sarsap.*, *kali iod.*

Rheumatic gout. In the beginning with fever, *acon.*, *bry.*, *merc.*

Bryonia and *china* are more serviceable in rheumatic gout than in gout arthritis.

Chin. sulph. is also serviceable, but dangerous in massive doses.

Pulsatilla in shifting pains.

Apoc. andros., where the rheumatic affection attacks in turns several joints.

Viola odorata, more towards the end of the rheumatic complication.

Sulphur and *calcarea* when the symptoms remain unchanged for a long time.

When suppuration threatens, the prognosis is bad, do what you will.

Bryonia and *merc.* are of service in the acute stages of blennorrhagic gout, and later, *canth.* If the discharge continues, *terebinth.* and *merc.* For chronic states, *sulph.* and *phos.*, sometimes *kali iod.* and *tartar emetic.* Others recommend *thuja*, *copaiva*, *merc.*, *cyan.*

Scrofulous gout calls for *colch.*, *viola odor.*, *calc.*

Traumatic gout, *arnica.* (*Hömöop. Rundsch.*, Dec., 1882).—(T. M. S.)

ACTION OF VERATRINE ON THE MUSCLES.—M. Mendelsohn (*Le Prog. Méd.*), in studying the peculiarities of the curve of muscular contraction under veratrine, has noticed four principal varieties according to the degree and duration of the poisoning; these have all one character in common, the brusque ascension; while the descent is more or less slow and lengthened, according to the cases. This contraction is not tetanic, but a simple secondary contracture, as shown by the galvanoscope. The effect of veratrine upon the muscle is modified according to the conditions which govern momentarily the excitability and especially the muscular elasticity. Thus the fatigue following a certain number of successive excitations diminishes the effect of the veratrine; ligature of an artery, increase in the charge or section of the nerve, produces the same result, although in a less degree.—(T. M. S.)

SYMPATHETIC GANGLIONS AND VASO-MOTOR NERVES.

—MM. Dastre and Morat (*Le Prog. Méd.*) believe that their experiments have demonstrated the presence of vaso-motor centres in the sympathetic ganglions. The inferior cervical and first thoracic ganglions receive constrictor and dilator nerves; the first are furnished by the cord, the second by the eighth cervical and first dorsal nerves. In their experiments, they noticed a controlling action over the dilator nerves by the filaments of the constrictors.—(T. M. S.)

DIPHTHERIA AND TYPHOID.—Dr. Mortimer Granville writes as follows in the *Lancet*: "As a matter of clinical fact—a fact too commonly overlooked, if indeed it be widely recognized—typhoid fever is generally preceded by an affection of the throat, which, if minutely examined, will be found to be characterized by the presence of minute pellicles of diphtheritic membrane, usually situated on the upper and posterior surfaces of the tonsils, and nearly always accompanied by a few small patches in the fauces. This is particularly noticeable in the Paris fever. There would seem to be a tendency to the development of this membrane in direct proportion to the intensity of the poison and the vigor of the constitution—if I may use this term—of the patient attacked, and in inverse proportion to the rapidity with which the glands of the intestine are infected. To state the results of inquiry—somewhat too dogmatically, perhaps—it may be said when a patient is affected by the specific morbidities of diphtheria or typhoid, the poison being the same in either case, it depends on the subject more than the disease whether the malady will take the form of diphtheria, conventionally so called, or of typhoid fever, and in a case in which the diphtheritic throat affection is strongly marked at the outset there would be special danger of hemorrhage, not from deep ulceration, but from rupture of minute vessels during the course of the disease, when the diphtheritic sloughs are thrown off from Peyer's patches; the hemorrhage, if it occurs, being preceded by the appearance of exceedingly minute streakings of bright blood in the yellow-ochre-like (Budd's) portions of the stools.

"Another point of interest relates to the susceptibility of patients to diphtheria and typhoid fever respectively. I believe the two maladies are so related that one may be employed as a prophylactic of the other. Experiments made on monkeys showed that the malady might be produced in a very mild form by direct inoculation, and, except that the amount of evidence collected was not sufficient for the absolute proof, that when once the organism had been infected with diphtheria it was not likely to have typhoid badly. I have now in recollection cases of the kind in which infection with typhoid subsequent to the infection of diphtheria was sufficiently distinct to cause the subject to communicate the typhoid to other subjects who had the malady fully developed, but only to show the symptoms of typhoid in its own case in a very mild degree.

"There is, therefore, no reason why diphtheria and typhoid should not co-exist, not as two distinct diseases, but as one and the same disease in two forms. Those who treat diphtheria would confer a benefit on the science of pathology—the pathology of existing disease—if they would in all cases look for typhoid spots. I believe there is generally some, though not great, irritation of Peyer's glands in diphtheria, and when this is strongly marked there ought to be spots."

EUPATORIUM PERFORIATUM in drop doses of the tincture repeated every two hours will promptly cure malarial intermittent, characterized as follows: Intense aching in all tissues as if bruised; great thirst, but each draught taken causes nausea and vomiting; great shivering, and little or no perspiration.

Capicum, in $\frac{1}{2}$ gr. doses every two hours, will cure cases in which there is chill beginning between the shoulders aggravated by drinking; intense burning fever, followed by sweat, and bursting headache, increased by motion.

FLOATING KIDNEYS.—Mr. Lawson Tait does not believe in the existence of this condition; he says: "I put the floating kidney theory altogether on one side, because I have never seen such a thing, either in life or in a museum, nor have I met any one who has; in fact, I have no belief in its existence as a pathological incident."

THE EMPLOYMENT OF PHYSICIANS AS SANITARY ADVISERS.—Dr. W. F. Phillips, of Andover, England, has, during the last two years, addressed several communications to medical journals on the systematic prevention of disease by medical men, and has now presented his plan to the public in a little pamphlet entitled "A Plea for Medical Providence, and the Prevention of Disease in General Practice." Taking the ground that "at present the interests of the medical profession and of the public are opposed, that is to say, the greater the amount of illness, the better it is for the doctors," he proposes, as the simplest remedy for this state of things, the following:

Let any person, for himself, or herself and family, go to a medical man and ask him to accept a sum of money agreed on for the year, to furnish attendance and advice, it being understood that midwifery, the treatment of fractures and dislocations, and all serious injuries resulting from accidents and surgical operations, involving much trouble, shall be considered as extras, to be paid for as at present. The annual payment would vary from \$2.50 to \$10 or more for each individual, according to circumstances. The advantages of this scheme are very clearly pointed out, and it would seem that Dr. Phillips has made practical trial of it in his own neighborhood.

We should like to see it fairly tested in this country, but we fear that at present there might be some difficulty in finding a large number of physicians who are sufficiently familiar with sanitary matters to make their advice as practically useful as it should be, and we also doubt whether competent physicians of good repute would be willing to make such a contract.—*Sanitary Engineer*.

MISCELLANY.

—Women physicians have been refused permission to practice in Austria.

—Professor Lasèque, the eminent alienist, died recently, in the 67th year of his age.

—Dr. E. Guernsey has removed from 18 West Twenty-third street to 326 Fifth avenue.

—A College of Midwifery has been established in this city, with an able corps of teachers.

—Dr. Daniel Holt, an able and prominent practitioner, died at Lowell, Mass., April 11th last, at the age of 72.

—Joseph K. Barnes, Surgeon-General U. S. Army (retired), died in Washington April 5th last, of Bright's disease.

—A house of more than five stories is an unhealthy and dangerous tenement, no matter how it is constructed.

—Swimming schools and public baths are to be established in Paris. A nominal charge for their use will be made.

—The semi-annual meeting of the Vermont Hom. Med. Society will be held in the Van-Ness House, Burlington, Vt., May 9th.

—Dr. William Gallupe, one of the oldest homoeopathic physicians in the country, died at Bangor, Maine, Feb. 13, 1883.

—The ninth annual convention of the Western Academy of Homoeopathy will be held at Madison, Wis., June 12, 13, 14.

—Charles Reade, the novelist, is credited with having named a dog "Tonic," because it was a mixture of bark, steal and whine.

—Professor Niemeyer, in one of his lectures lately at Berlin, asserted that Gambetta's death was due to the incapacity of his physicians.

—A valuable sign of death is the lack of muscular contraction under an electric current, two or three hours after the heart has ceased to beat.

—Dr. Cummings, a prominent physician of the new school, of Honolulu, H. I., died February 17th. Dr. G. H. Martin succeeds to his practice.

—M. Bischoff, Professor in the University of Munich, well known by his many valuable works on embryology, has recently died, at the age of 75.

—A pure alkaloid of gelseminum has been obtained recently, and for the first time, by Mr. A. W. Gerrard, of the London Pharmaceutical Society.

—In storms of controversy (says Sir James Paget) there is nothing to be found but the billow that moves to mischief and the foam that disappears.

—Dr. A. P. Williamson, Chief of Staff, reports 1,084 patients treated at the Homœopathic Hospital, W. I., for March, with a death rate of 4.05 per cent.

—New York has just made the discovery that Central Park, from a carelessness about drainage, is a source of malaria and ill-health to the houses round about.

—The death of the German chemist Wohler is announced. He was the discoverer of aluminium, and had for fifty years occupied a prominent position in the scientific world.

—George W. Barnes, M.D., of San Diego, Cal., was on January 23d elected President of the Local Board of Health, having been previously appointed to the position of Health Officer.

—The army appropriation bill, as reported to the Senate, abolishes the office of Assistant Surgeon-General, and appropriates \$15,000 for the purchase of books for the Army Medical Museum.

—George Russell, M.D., died at his residence in Boston, February 18th, aged 87 years. Dr. Russell adopted the homœopathic system in 1839, after twenty-five years of successful practice in the old school.

—Guy-Lussac, the distinguished chemist and son of the illustrious "savant" of the same name, died recently in Paris at the age of 63 years. His works on chemistry are well known, but those on metallurgy were particularly appreciated.

—By a law which has just come into operation in Italy, the sale of patent medicines throughout the kingdom is prohibited, unless the precise composition of the medicine is stated. For the future travelers will have to smuggle their favorite drugs into Italy.

—An Indiana court granted a divorce upon the prayer of a woman, the wife of a physician doing a large and lucrative business, based upon his refusal to give up his night practice. The presiding judge praised the progressive liberality of the laws which permitted the release.

—From an article in other columns, entitled "On Secularian Fellowship," it will be observed that the recent resignations from the Homœopathic Medical Society of New York were not actuated by any change of principle in therapeutics, notwithstanding the attempt in some quarters to make it appear so.

—The American Pædological Society meets at Niagara Falls June 18, 1883 (the day before American Institute). Headquarters, International Hotel. Letters of inquiry and titles of papers should be sent early to the Secretary, Lemuel C. Grosvenor, 185 Lincoln avenue, Chicago, Ill.; R. N. Tooker, President.

—A prize (the Hammond) of five hundred dollars is to be awarded at the meeting of the American Neurological Association in June, 1884, to the author of the best essay on the functions of the thalamus in man. The essays to be based upon original observations and experiments on man and the lower animals.

—Women have distinguished themselves once more in the London University class lists. The scholarship and gold medal for obstetrics are taken by a woman; two women are placed in the first class, one a student from Girton College; five more have gained second classes, and several others are in the third class.

—The twelfth annual report of the Brooklyn Maternity and New York State Training School for Nurses shows marked prosperity and efficient work. During the past year 118 women and 108 children have received the care of the institution and the private rooms have been filled most of the time. Dr. William B. Garside still continues Medical Director.

—The Association of Physicians of Munich recently addressed a petition to the Federal Council (December 20, 1882), requesting a prolongation of the period for medical studies. It does not think four years, the time actually required in Germany, is sufficient. It observes that in Russia and Austria the period of study is five years, in Holland six years, and six years in Scandinavia.

—The next triennial prize, founded by the late Sir Astley Cooper, will be awarded for "the best essay or treatise on diseases and injuries of the nerves and their surgical treatment, together with operations performed upon nerve trunks in the treatment of various diseases, and descriptions of the changes which ensue in the structures as well as in the nerves themselves from the operations." The money value of the prize is £300. It is open to the whole world. Essays must be sent to Guy's Hospital before Jan. 1, 1886.

—The promptness with which small doses are being adopted, and the evidence of general inquiry into their preparation and action, as evinced by articles in the *Medical Record* and the *New York Medical Journal*, is significant. In view of the fact that many of these papers are crude in their ideas and wrong in their conception of the laws of dose, we have in preparation a series of articles relating to the therapeutics and pharmacy of the leading remedies, having especial reference to the dual action of drugs.

—The second annual meeting of the Alumni Association of the Homœopathic Hospital, Ward's Island, was held on April 3d, at the Rossmore Hotel, New York; the President, Dr. A. P. Williamson, in the chair. There were present, Drs. Talcott, of Middletown; Nichols, of Worcester, Mass.; Madden, of Sing Sing; Macfarland, of Philadelphia; Hale, of Newburyport, Mass.; Hoag, of Bridgeport, Conn.; McClelland, of Pittsburgh, Pa.; Foster, of Nashville, Tenn.; Mayer, of Buffalo; Denison, of Brooklyn; Kinney, of Middletown; and Carleton, Cowl, Moffatt, Bagg, Williams, Cornell, Daniels, Stewart and Williamson, of New York City. After the transaction of the necessary routine business, the following papers were read and discussed: The Etiology; Pathology; Pathological Anatomy, Diagnosis and Symptomatology; General Hygienic Treatment, and Homœopathic Treatment of Acute Parenchymatous Nephritis. These papers were contributed by Drs. Bagg, Cowl, Moffatt, Stewart, Carleton, and Allen. The following officers were then elected for the ensuing year: President, E. V. Moffatt, M.D.; Vice-President, B. G. Carleton, M.D.; Secretary, T. C. Williams, M.D.; Treasurer, G. T. Stewart, M.D. The meeting then adjourned to the banquet room, where a handsome supper was served, Dr. S. H. Talcott acting as toast-master.